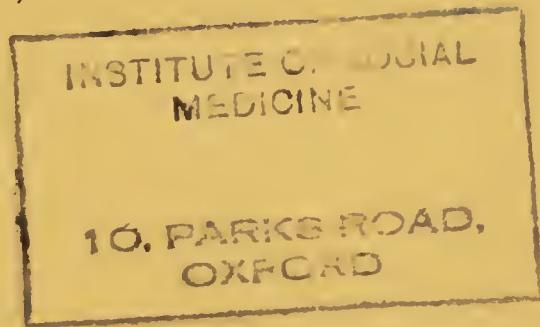


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DEVON COUNTY COUNCIL

(MEDICAL DEPARTMENT)



ANNUAL REPORT

OF THE

County Medical Officer

FOR THE YEAR

1950

EXETER

Printed by BESLEY & COPP, LTD.
1951

INSTITUTE OF SOCIAL
MEDICINE

10. PARKS ROAD,
OXFORD

DEVON COUNTY COUNCIL
(MEDICAL DEPARTMENT)



ANNUAL REPORT

OF THE

County Medical Officer

FOR THE YEAR

1950

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MEDICAL DEPARTMENT,
 IVYBANK,
 45, ST. DAVID'S HILL,
 EXETER.

October, 1951.

To the Chairman, Aldermen and
 Members of the Devon County Council.

MR. CHAIRMAN, MY LORDS,
 LADIES AND GENTLEMEN,

I have the honour to present my Twenty-second Annual Report upon the Public Health of the Administrative County of Devon.

The following statistics which have been prepared for 1950 show that the Birth Rate and the Tuberculosis Death Rate have again fallen, whilst the Death Rate (all causes) remains fairly constant :—

	1950	1949	1948	1947
Birth Rate	13.5	14.7	15.7	17.9
Death Rate (All Causes)	14.5	14.7	12.9	14.8
Maternal Death Rate	1.46	1.49	0.89	1.5
Infantile Mortality	29.9	28.8	28.6	33.8
Tuberculosis Death Rate	0.32	0.37	0.4	0.47
Cancer Death Rate	2.3	2.3	2.2	2.2

The services provided under the National Health Service Act, 1946, have continued to expand, and in the case of the Domestic Health Service under Section 29 the number of cases dealt with have risen from 361 in 1948 and 814 in 1949 to 1,058 in 1950. The response to Diphtheria Immunisation has continued to be satisfactory and there were only 4 cases of diphtheria notified during the year, and there were no deaths.

The number of cases of acute poliomyelitis was rather high and I would draw your attention to the appropriate sections later in this report.

During the year the World Health Organisation Nomenclature Regulations, 1948, were implemented and this has meant that some of the records of deaths from certain diseases are no longer published by the Registrar General's Department. Consequently you will find that some of the tables have been amended from the form in which they were presented last year.

In my last report I stated that I would include full details of the survey carried out under the auspices of the Medical Research Council in order to assess the incidence of natural tuberculous infection in the School and adolescent population. Unfortunately the Medical Research Council are not yet in a position to release the full report. However, during the year a scheme of B.C.G. (Bacillus Calmette-Guerin) vaccination has been introduced and the reports of the Chest Physicians on this scheme are included later in this report.

During the year, the County Council have lost two most valuable members of the Medical Department, Mr. R. F. Anning, the late Chief Clerk, who joined the staff in March, 1912 and died in April, 1950, and Mr. N. Harris, Dental Surgeon, who joined the staff in April, 1945, after being taken over from Torquay, and who died in February, 1950.

I again take this opportunity of expressing my appreciation of the support given to me by the members of the County Council and its Committees and of the loyal co-operation and work of all members of my staff.

I have the honour to be,

Your obedient Servant,

L. MEREDITH DAVIES,

County Medical Officer.

STAFF OF THE MEDICAL DEPARTMENT.

County Medical Officer.

L. Meredith Davies, M.A., M.D., B.Ch. (Oxon.), D.P.H. (Oxon.),
M.R.C.S. (Eng.), L.R.C.P. (Lond.).

Deputy County Medical Officer.

W. J. Doyle, M.B., B.Ch., B.A.O., D.P.H., B.Sc., L.M.

Senior Assistant Medical Officer for Maternity and Child Welfare.

Frances Heron-Watson, M.B., Ch.B., D.P.H. (Resigned 18.5.50)
F. Gloria Richards, M.R.C.S., L.R.C.P., D.(Obst.)R.C.O.G.
(Appointed 1.7.50).

Assistant County Medical Officers.

(COMBINED APPOINTMENTS).

Newton Abbot Area—

H. M. Davies, M.A., M.R.C.S., L.R.C.P., D.P.H.
(From 1.7.50).

Paignton Area—

A. Dick, M.D., Ch.B., D.P.H.

St. Thomas Area—

L. G. Anderson, M.D., Ch.B., D.P.H.

Assistant County Medical Officers.

Barnstaple Area—

H. R. Vernon, M.B., Ch.B.

Bideford/Holsworthy Area—

S. B. S. Smith, L.M.S.S.A., D.T.M. & H. (Res'd. 28.2.50)
T. J. Davidson, M.B., Ch.B., D.P.H., D.T.M. & H.
(Appt. 13.3.50).

Brixham Area—

M. H. King, M.B., Ch.B., D.P.H.

Crediton/Okehampton Area—

J. Williams, M.B., Ch.B., D.P.H., D.C.H. (Resigned
31.1.50).
M. Gunner, M.B., Ch.B., (Appointed part-time 8.2.50 to
31.12.50).
J. M. Hinde, M.A., B.M., B.Ch., D.R.C.O.G. (Appt.
part-time 1.5.50).

Exeter Area—

G. H. Walker, M.B., Ch.B., D.P.H.

Honiton Area—

D. M. Green, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H.

Kingsbridge Area—

G. D. Park, M.C., M.B., Ch.B., D.P.H. (Resigned 11.3.50).

J. S. Aldridge, M.R.C.S., L.R.C.P. (Appointed 24.4.50)

Newton Abbot Area—

H. M. Davies, M.A., M.R.C.S., L.R.C.P., D.P.H. (To 30.6.50).

Tavistock Area—

M. E. Budding, B.Sc., M.B., B.Ch., D.P.H.

Tiverton Area—

L. Solomon, B.A., M.B., B.Ch., B.A.O., L.M., D.P.H., D.C.H. (Transferred to Torquay Area 27.2.50)

N. Proctor-Sims, M.R.C.S., L.R.C.P., M.R.C.O.G. (Transferred from Ilfracombe Area during year).

Torquay Area—

T. Gibson, M.D., C.M., D.P.H. (Resigned 31.1.50)

L. Solomon, B.A., M.B., B.Ch., B.A.O., L.M., D.P.H., D.C.H. (Transferred from Tiverton area 27.2.50)

Senior County Dental Officer.

J. Fletcher, L.D.S.

County Dental Officers.

Barnstaple Urban Area— M. F. Inder, L.D.S. (Appt. Part-time from 10.1.50)

Barnstaple Rural Area— R. J. Inder, L.D.S.

Bideford Area— Miss E. Rich, L.D.S. (Transferred from Tavistock 14.3.50)

Crediton Area— B. J. Shapland, L.D.S.

<i>Exeter Rural Area—</i>	J. L. Dickson, L.D.S., R.F.P.S.
<i>Exmouth Area—</i>	H. B. Joscelyne, L.D.S., (Part-time from 11.9.50)
<i>Holsworthy Area—</i>	G. Pendlebury, L.D.S. (Resigned 8.8.50)
<i>Kingsbridge Area—</i>	T. L. Fiddick, L.D.S.
<i>Newton Abbot Urban Area—</i>	J. G. Campbell, L.D.S., (Resigned 25.10.50)
	J. M. Steer, L.D.S., R.C.S., (Transferred from Totnes area 13.11.50)
<i>Newton Abbot Rural Area—</i>	J. E. B. Smith, L.D.S.
<i>Paignton Area—</i>	D. R. House, M.R.C.S., L.R.C.P., L.D.S.
<i>Plympton Area—</i>	A. S. Peacock, L.D.S., D.D.O. (Also part-time County Orthodontist).
<i>Sidmouth Area—</i>	L. D. Smith, L.D.S., (Res'd. 31.8.50) W. A. Dredge, L.D.S. (Appointed 27.9.50)
<i>Tavistock Area—</i>	Miss E. Rich, L.D.S., (Appointed 6.1.50; Transferred to Bideford 14.3.50)
<i>Tiverton Area—</i>	K. W. Massey, L.D.S.
<i>Torquay Area—</i>	R. N. Harris, L.D.S. (Deceased 13.2.50)
	H. N. Barnes, L.D.S., (Appointed part-time 5.12.50).
	W. H. Burndred, L.D.S., R.C.S., (Appointed Part-time 5.12.50)
	H. P. Joscelyne, L.D.S., (Appointed Part-time 11.9.50)
	J. A. Pugh, L.D.S., (Appointed Part-time 1.3.50)

Totnes Area—

J. M. Steer, L.D.S., R.C.S., (Transferred to Newton Abbot area on 12.11.50)

Chest Physicians.

G. E. Adkins, M.B., B.Chir. (Cantab.).

W. E. B. Lloyd, M.R.C.S., L.R.C.P., D.P.H.

A. J. McMillan, M.R.C.S. (Eng.), L.R.C.P. (Lond.).

The Chest Physicians are now on the staff of the Regional Hospital Board, but a portion of their time is devoted to prevention, care and after-care, which remain the responsibility of the County Health Committee.

School Ophthalmic Surgeons.

(*On staff of S.W. Regional Hospital Board*)

M. L. Foxwell, M.R.C.S. (Eng.), L.R.C.P. (Lond.), D.P.H. (Lond.).

W. G. Hutton, B.A., M.R.C.S. (Camb.), L.R.C.P.

County Sanitary Officers.

T. James, C.R.S.I., M.I.H. (Resigned 30.9.50).

K. S. Powling, C.R.S.I., M.S.I.A.

County Ambulance Officer.

C. H. Congdon.

County Superintendent of Nursing and Supervisor of Midwives.

Miss L. Reynolds, S.R.N., S.C.M., H.V.

Deputy County Superintendent of Nursing and Supervisor of Midwives.

Miss M. Dawson, S.R.N., S.C.M., H.V.

Assistant Superintendent of Nursing and Supervisor of Midwives.

Miss E. M. Teague, S.R.N., S.C.M., H.V.

Miss M. I. Sankey, S.R.N., S.C.M., H.V. (Resigned 28.9.50).

Health Visiting Staff.

NAME	QUALIFICATIONS.	AREA.
Andrews, Miss	S.R.N., S.C.M., H.V.C.	Bovey Tracey
Bitten, Mrs.	S.R.N., S.C.M., H.V.C.	Budleigh Salterton
Ballard, Miss	S.R.N., S.C.M., H.V.C.	do.
Butler, Mrs.	S.R.N., S.C.M., H.V.C.	Honiton
Caffyn, Miss	S.R.N., S.C.M., H.V.C.	Ilfracombe
Clark, Miss	S.R.N., S.C.M., H.V.C.	Holsworthy
Edwards, Miss	S.R.N., S.C.M., H.V.C.	Barnstaple Rural
Farley, Miss	S.R.N., S.C.M., H.V.C.	Tiverton
Faulkner, Miss	S.R.N., S.C.M., H.V.C.	Ottery St. Mary
Frayling, Miss	S.R.N., S.C.M.	Exmouth
Gilbert, Miss	S.R.N., S.C.M., H.V.C.	Dartmouth
Green, Miss	S.R.N., S.C.M., H.V.C.	St. Thomas R.I.
Greenwood, Miss	S.R.N., S.C.M., H.V.C.	Plympton
Hall, Miss	S.R.N., S.C.M., H.V.C.	Buckfastleigh
Harper, Miss	S.R.N., S.C.M., H.V.C.	Braunton
Harris, Miss	S.R.N., S.C.M., H.V.C.	Crediton
Harry, Miss	S.R.N., S.C.M., H.V.C.	Bideford R.
Honeywell, Miss	S.R.N., S.C.M., H.V.C.	Chudleigh
Jones, Miss	S.R.N., S.C.M., H.V.C.	Torquay
Leathley, Miss	S.R.N., S.C.M., H.V.C.	Barnstaple
Lee, Miss	S.R.N., S.C.M., S.I.Cert.	Brixham
Lee, Mrs.	S.R.N., S.C.M., H.V.C.	Torquay
Lawrence, Miss	S.R.N., S.C.M., H.V.C.	Torquay
Luff, Miss	S.R.N., S.C.M., H.V.C.	Hatherleigh
Macfarlane, Miss	S.R.N., S.C.M., H.V.C.	Torquay
Mason, Miss	S.R.N., S.C.M., H.V.C.	Plymstock
Morris, Miss	S.R.N., S.C.M., H.V.C.	St. Thomas R.2.
Ody, Miss	S.R.N., S.C.M., H.V.C.	St. Thomas R.1.
Pester, Miss	S.R.N., S.C.M., H.V.C.	Cullompton
Pulsford, Miss	S.R.N., S.C.M., H.V.C.	Bideford
Ralls, Mrs.	S.R.N., S.C.M., H.V.C.	South Molton
Rogers, Mrs.	S.R.N., S.C.M.	Axminster
Ryall, Miss	S.R.N., S.C.M., H.V.C.	Okehampton
Sercombe, Miss	S.R.N., S.C.M., H.V.C.	Salcombe
Smith, Miss	S.R.N., S.C.M., H.V.C.	Newton Abbot
Simpson, Miss	S.R.N., S.C.M., H.V.C.	Teignmouth
Sparks, Mrs.	S.R.N., S.C.M., H.V.C.	Tiverton
Steward, Miss	S.R.N., S.C.M., H.V.C.	Bampton
Stone, Miss	S.R.N., S.C.M., H.V.C.	Tavistock
Thain, Miss	S.R.N., S.C.M., H.V.C.	Ashburton
Wallace, Miss	S.R.N., S.C.M., H.V.C.	Torquay
Walters, Miss E.	S.R.N., S.C.M., H.V.C.	Paignton
Walters, Miss M.	S.R.N., S.C.M.	Moretonhampstead
Walters, Miss O.	S.R.N., S.C.M., H.V.C.	Totnes
West, Miss	S.R.N., S.C.M., H.V.C.	Kingsbridge

Mental Health Section.

Particulars of the Staff of the Mental Health Section can be found later in the report.

Chief Clerk.

R. F. Anning. (Deceased 6.4.1950).
H. T. Baldwyn (From 1.5.1950).

County Analyst, (Part-time).

T. Tickle (Exeter) B.Sc., F.I.C.

MEDICAL OFFICERS OF HEALTH.***Boroughs and Urban Districts.**

1.	Ashburton	....	R. G. Hall, 32 West Street, Ashburton. (Dec'd. Oct. 50)
2.	Axminster	....	D. Steele-Perkins, Perhams, Langford Road, Honiton.
3.	*Barnstaple	....	F. J. H. Martin, The Castle, Barnstaple.
4.	*Bideford	....	E. Pearson, Strand House, Bideford.
5.	Brixham	....	A. Dick, Public Health Department, Town Hall, Brixham.
6.	Buckfastleigh	....	S. R. Williams, Toll Marsh, Buckfastleigh.
7.	B. Salterton	....	L. G. Anderson, Council Offices, Exmouth.
8.	Crediton	....	N. F. Sawers, U.D.C. Offices, Crediton.
9.	*Dartmouth	....	A. Dick, Municipal Offices, Oldway, Paignton.
10.	Dawlish	....	H. A. Constable, Gesmond, Dawlish. (Res'd. 30.6.50).
			H. M. Davies, Rural District Council Offices, Newton Abbot. (from 1.7.50).
11.	Exmouth	....	L. G. Anderson, Council Offices, Exmouth.
12.	Holsworthy	....	S. Craddock, Council Offices, Holsworthy.
13.	*Honiton	....	D. Steele-Perkins, Perhams, Langford Road, Honiton.
14.	Ilfracombe	....	W. B. Boone, Town Hall, Wilder Road, Ilfracombe.
15.	Kingsbridge	....	W. C. Smales, The Manor House, Kingsbridge.
16.	Lynton	....	M. P. Nightingale, Kneesworth, Lynton.
17.	Newton Abbot	....	T. Brown, Council Offices, Courtenay Street, Newton Abbot. (Res'd. 17.4.50.)
			H. M. Davies, Rural District Council Offices, Newton Abbot. (from 18.4.50).
18.	Northam	....	J. Youngman, Northam House, Northam.
19.	*Okehampton	....	E. D. Allen-Price, Council Offices, Okehampton.

***Boroughs and Urban Districts.—cont.**

20.	Ottery St. Mary	....	F. N. Sidebotham, Town Hall, Ottery St. Mary.
21.	Paignton	....	A. Dick, Municipal Offices, Oldway, Paignton.
22.	Salcombe	....	W. C. Smales, Council Offices, Plympton.
23.	Seaton	....	D. Steele-Perkins, Perhams, Langford Road, Honiton.
24.	Sidmouth	....	E. L. Perry, Council Offices, Sidmouth.
25.	*South Molton	....	F. J. H. Martin, Council Offices, South Molton.
26.	Tavistock	....	E. D. Allen-Price, Drake Road, Tavistock.
27.	Teignmouth	....	F. S. L. Piggott, Teignroyd, Teignmouth.
28.	*Tiverton	....	G. Nicholson, 11 St. Peter Street, Tiverton.
29.	*Gt. Torrington	....	C. F. R. Briggs, Glen Tor, Torrington.
30.	*Torquay	....	J. V. A. Simpson, Town Hall, Torquay.
31.	*Totnes	....	Elizabeth Davies, The Manor House, Totnes.

* Borough.

Rural Districts.

1.	Axminster	....	D. Steele-Perkins, Perhams, Langford Road, Honiton.
2.	Barnstaple	....	F. J. H. Martin, The Red House, Castle Street, Barnstaple.
3.	Bideford	....	N. B. Betts, Cleverdon House, Bradworthy.
4.	Broadwoodwidger	....	E. D. Allen-Price, Drake Road, Tavistock.
5.	Crediton	....	W. S. O'Loughlin, Middle Luxton, Upottery. (Res'd. 30.6.50.)
			L. N. Jackson, R.D.C. Offices, Crediton. (from 1.9.50).
6.	Holsworthy	....	C. W. Evans, Rural District Council Offices, Holsworthy.
7.	Honiton	....	D. Steele-Perkins, Perhams, Langford Road, Honiton.
8.	Kingsbridge	....	W. C. Smales, The Manor House, Kingsbridge.
9.	Newton Abbot	....	T. Brown, Rural District Council Offices, Newton Abbot. (Res'd. 17.4.50.).
			H. M. Davies, Rural District Council Offices, Newton Abbot. (Apptd. 18.4.50.).
10.	Okehampton	....	E. D. Allen-Price, Council Offices, Okehampton.
11.	Plympton St. Mary	W. C. Smales, Council Offices, Plympton.	
12.	South Molton	....	F. J. H. Martin, Rural District Council Offices, South Molton.
13.	St. Thomas	....	L. G. Anderson, 26 Southernhay East, Exeter.
14.	Tavistock	....	E. D. Allen-Price, Drake Road, Tavistock.
15.	Tiverton	....	G. Nicholson, 11 St. Peter Street, Tiverton.
16.	Torrington	....	E. H. Walker, Fernhill, Torrington.
17.	Totnes	....	S. C. Jellicoe, Rural District Council Offices, Higher Plymouth Road, Totnes.

GENERAL STATISTICS.

Area.

The area of the Administrative County is 1,652,735 acres. It is divided into 31 Urban Districts and 17 Rural Districts.

Population.

The Registrar-General's estimated mid-year population is 508,386 (including members of armed forces stationed in area).

Rateable Value £3,484,945.

A penny rate is expected to produce £14,225.

VITAL STATISTICS.

Live Births. 6,857.

Legitimate,	total 6,519 ; males 3,323, females 3,196.
Illegitimate,	total 338 ; males 167, females 171.

Stillbirths, 171.

Birth Rate. 13.49 (14.84 Corrected), compared with a birth rate of 15.8 for England and Wales.

Deaths. Total 7,347 ; males 3,591, females 3,756.

Death Rate, 14.5 (11.02 Corrected), compared with a death rate of 11.6 for England and Wales.

Infantile Mortality.

The number of deaths under one year amounted to 205 (123 males and 82 females). Of this number 18 were illegitimate.

The number of deaths under 4 weeks amounted to 151 (91 males and 60 females). Of this number 12 were illegitimate.

Infantile Mortality Rate, 29.89, compared with 29.8 for England and Wales.

Maternal Mortality.

10 deaths occurred as a result of child birth, giving a rate of 1.46 per 1,000 live births compared with 0.86 for England and Wales.

TABLE I.

TABLE I

Districts.	Populations. (Est. Mid. 1950 Home) †	Births. Rates per 1,000 Population.			Infant Deaths*				Maternal* Deaths.	
		No.	Crude Rate	Correct'd Rate	No.	Under 1 year.	No.	Under 4 weeks.	No.	Rate
URBAN.										
Ashburton	2,656	39	14.68	16.00	1	25.64	—	—	—	—
Axminster	2,600	44	16.92	17.77	—	—	—	—	—	—
Barnstaple	16,060	230	14.32	14.18	6	26.09	4	17.39	—	—
Bideford	10,270	149	14.51	15.67	4	26.85	2	13.42	—	—
Brixham	8,752	121	13.83	15.07	3	24.79	3	24.69	—	—
Buckfastleigh	2,621	32	12.21	14.77	4	125.00	3	93.75	—	—
Budleigh Salterton	3,826	50	13.07	15.68	1	20.00	—	—	—	—
Crediton	4,325	44	10.17	10.58	1	22.73	1	22.73	—	—
Dartmouth	6,216	74	11.90	13.69	4	54.05	1	13.51	1	13.51
Dawlish	7,047	93	13.19	15.17	3	32.26	3	32.26	—	—
Exmouth	17,110	206	12.04	12.76	4	19.42	1	4.85	—	—
Great Torrington	2,881	44	15.27	16.03	—	—	—	—	—	—
Holsworthy	1,504	30	19.95	20.95	—	—	—	—	—	—
Honiton	4,749	47	9.89	13.45	—	—	—	—	—	—
Ilfracombe	9,256	108	11.66	12.83	4	37.04	3	24.78	—	—
Kingsbridge	3,220	53	16.56	16.89	—	—	—	—	—	—
Lynton	2,017	20	9.92	9.62	1	50.00	—	—	—	—
Newton Abbot	16,120	242	15.01	15.91	9	37.19	7	28.93	1	4.13
Northam	6,509	73	11.21	11.66	3	41.09	1	13.69	1	13.69
Okehampton	4,040	66	16.34	16.01	1	15.15	1	15.15	—	—
Ottery St. Mary	3,890	47	12.08	13.05	3	63.83	3	63.83	—	—
Paignton	25,570	304	11.89	12.96	10	32.89	5	16.45	—	—
Salcombe	2,477	28	11.30	12.43	1	35.71	1	35.71	—	—
Seaton	2,961	28	9.46	10.22	—	—	—	—	—	—
Sidmouth	9,767	90	9.21	10.59	1	11.11	1	11.11	—	—
South Molton	3,065	53	17.29	20.39	2	37.74	2	37.74	—	—
Tavistock	6,140	62	10.09	11.70	—	—	—	—	—	—
Teignmouth	10,630	121	11.38	12.75	5	41.32	4	33.06	—	—
Tiverton	11,100	181	16.31	17.61	6	33.15	5	27.62	—	—
Torquay	50,960	622	12.20	12.68	14	22.51	11	17.68	1	1.61
Totnes	5,670	89	15.69	15.69	6	67.42	3	33.71	—	—
URBAN	264,009	3,390	12.80	13.69	97	28.61	65	19.17	4	1.18
RURAL.										
Axminster	11,390	169	14.81	16.44	5	29.59	5	29.59	1	5.92
Barnstaple	22,520	334	14.83	16.31	12	35.93	6	17.96	1	2.99
Bideford	5,310	86	16.19	17.49	2	23.26	2	23.26	—	—
Broadwoodwidger	2,026	18	8.88	9.49	—	—	—	—	—	—
Crediton	9,855	153	15.52	18.00	9	58.82	7	45.75	—	—
Holsworthy	6,246	111	17.77	20.44	1	9.01	1	9.01	—	—
Honiton	7,026	123	17.50	20.30	1	8.13	1	8.13	—	—
Kingsbridge	11,510	176	15.29	16.67	4	17.05	2	8.53	—	—
Newton Abbot	24,600	327	13.29	14.62	10	30.58	7	21.41	2	6.11
Okehampton	12,340	176	14.26	16.97	5	28.41	4	22.73	—	—
Plympton St. Mary	33,330	414	12.42	13.29	11	26.57	9	21.74	1	2.42
St. Thomas	31,630	393	12.42	15.65	14	35.62	12	30.53	—	—
South Molton	9,035	161	17.81	20.48	4	24.84	3	18.63	—	—
Tavistock	15,630	218	13.95	15.62	2	9.17	2	9.17	—	—
Tiverton	20,920	306	14.63	15.09	19	62.09	18	58.82	—	—
Torrington	7,619	128	16.79	20.14	6	46.88	5	39.06	1	7.81
Totnes	13,390	174	12.99	14.42	3	17.24	2	11.49	—	—
RURAL	244,377	3,467	14.18	16.02	108	31.15	86	24.80	6	1.73
ADMINISTRATIVE COUNTY	508,386	6,857	13.49	14.84	205	29.89	151	22.02	10	1.46

† Including Members of Armed Forces stationed in Area.

* Per 1,000 Live Births.

GENERAL TABLE II, 1950.

RATES PER 1,000 POPULATION.

District.	Popula-tions *(Esti-mated mid 1950 Home).	Deaths			Tuberculosis Deaths		Cancer Deaths		Heart and Circulatory Diseases		Nephritis		Other Diseases of Respiratory System.	
		No.	Crude Rate.	Correct'd Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate
URBAN.														
Ashburton	2,656	43	16.19	12.78	2	0.75	9	3.39	13	4.89	1	0.38	—	—
Axminster	2,600	29	11.15	9.92	—	—	8	3.08	13	5.00	1	0.38	—	—
Barnstaple	16,060	217	13.51	10.70	3	0.19	36	2.24	104	6.48	—	—	—	—
Bideford	10,270	152	14.80	11.87	6	0.58	28	2.73	57	5.55	1	0.09	1	0.09
Brixham	8,752	122	13.93	10.62	1	0.11	17	1.94	46	5.26	8	0.91	—	—
Buckfastleigh	2,621	48	18.31	10.44	—	—	10	3.82	16	6.11	3	1.14	—	—
Budleigh Saltert'n	3,826	73	19.08	10.68	4	1.05	14	3.66	22	5.75	2	0.52	—	—
Crediton	4,325	67	15.49	12.73	1	0.23	6	1.39	25	5.78	—	—	—	—
Dartmouth	6,216	94	15.12	12.72	1	0.16	14	2.25	33	5.31	2	0.32	—	—
Dawlish	7,047	86	12.20	8.57	1	0.14	11	1.56	39	5.53	—	—	5	0.71
Exmouth	17,110	286	16.71	10.92	5	0.29	51	2.98	115	6.72	3	0.17	1	0.06
Great Torrington	2,881	47	16.31	12.92	—	—	5	1.74	28	9.72	—	—	—	—
Holsworthy	1,504	26	17.29	12.84	—	—	2	1.33	12	7.98	3	1.99	1	0.66
Honiton	4,749	35	7.37	7.15	2	0.42	9	1.89	9	1.89	—	—	1	0.21
Ilfracombe	9,256	130	14.04	9.74	4	0.43	11	1.19	73	7.89	2	0.22	2	0.22
Kingsbridge	3,220	44	13.66	10.42	—	—	13	4.04	10	3.11	1	0.31	—	—
Lynton	2,017	29	14.38	10.96	—	—	4	1.98	14	6.94	1	0.49	—	—
Newton Abbot	16,120	267	16.56	13.28	5	0.31	43	2.67	97	6.02	3	0.19	1	0.06
Northam	6,509	112	17.05	12.67	1	0.15	15	2.30	50	7.68	4	0.61	—	—
Okehampton	4,040	57	14.11	11.32	—	—	8	1.98	25	6.19	2	0.49	1	0.25
Ottery St. Mary	3,890	49	12.59	9.48	1	0.26	9	2.31	16	4.11	1	0.26	—	—
Paignton	25,570	431	16.86	10.79	12	0.46	66	2.58	165	6.45	6	0.23	4	0.16
Salcombe	2,477	39	15.74	10.45	—	—	4	1.61	18	7.27	1	0.40	1	0.40
Seaton	2,961	58	19.59	11.36	1	0.34	10	3.38	25	8.44	1	0.34	—	—
Sidmouth	9,767	166	16.99	10.02	3	0.31	32	3.28	68	6.96	—	—	6	0.61
South Molton	3,065	56	18.27	14.29	1	0.33	6	1.96	27	8.81	—	—	—	—
Tavistock	6,140	95	15.47	11.34	2	0.33	11	1.79	49	7.98	1	0.16	1	0.16
Teignmouth	10,630	189	17.78	11.02	3	0.28	30	2.82	77	7.24	2	0.19	2	0.19
Tiverton	11,100	152	13.69	11.93	1	0.09	24	2.16	68	6.13	2	0.18	1	0.09
Torquay	50,960	840	16.48	11.43	27	0.43	127	2.49	338	6.63	10	0.19	4	0.08
Totnes	5,670	84	14.81	11.88	—	—	11	1.94	32	5.64	1	0.18	—	—
URBAN	264,009	4,123	15.62	11.14	87	0.33	644	2.44	1,684	6.38	62	0.23	32	0.12
RURAL.														
Axminster	11,390	167	14.66	10.46	3	0.26	31	2.72	56	4.91	6	0.53	1	0.09
Barnstaple	22,520	298	13.23	10.48	5	0.22	38	1.69	146	6.48	3	0.13	3	0.13
Bideford	5,310	53	9.98	8.00	—	—	9	1.69	17	3.20	1	0.18	—	—
Broadwoodwidger	2,026	21	10.36	9.95	1	0.49	2	0.98	9	4.44	—	—	—	—
Crediton	9,855	156	15.82	12.85	2	0.20	23	2.33	57	5.78	1	0.10	1	0.10
Holsworthy	6,246	91	14.57	11.69	3	0.48	14	2.24	36	5.76	2	0.32	1	0.16
Honiton	7,026	81	11.53	9.48	—	—	8	1.14	33	4.69	—	—	—	—
Kingsbridge	11,510	158	13.72	10.33	1	0.08	31	2.69	51	4.43	1	0.08	—	0.08
Newton Abbot	24,600	372	15.12	11.88	12	0.49	60	2.44	145	5.89	9	0.37	6	0.24
Okehampton	12,340	179	14.50	11.06	4	0.32	23	1.86	61	4.94	6	0.49	1	0.08
Plympton St.Mary	33,330	414	12.42	11.07	13	0.39	72	2.16	143	3.29	3	0.09	4	0.12
St. Thomas	31,630	366	11.57	9.74	11	0.35	54	1.71	114	3.60	7	0.22	4	0.13
South Molton	9,035	100	11.06	9.75	1	0.11	10	1.11	45	4.98	1	0.11	2	0.22
Tavistock	15,630	240	15.35	12.31	11	0.70	36	2.30	91	5.82	3	0.19	1	0.06
Tiverton	20,920	265	12.67	10.67	2	0.09	43	2.06	88	4.21	9	0.43	2	0.09
Torrington	7,619	93	12.20	10.27	1	0.13	20	2.63	35	4.59	2	0.26	—	—
Totnes	13,390	170	12.69	9.93	8	0.59	31	2.31	61	4.55	4	0.29	—	—
RURAL	244,377	3,224	13.19	10.72	78	0.32	505	2.07	1,188	4.82	58	0.24	26	0.11
ADMINISTRATIVE COUNTY	508,386	7,347	14.45	11.02	165	0.32	1,149	2.26	2,872	5.65	120	0.24	58	0.11

* Including Members of the Armed Forces stationed in the Area.

POPULATION.

The estimated mid-year home population for 1950 was 508,386.

BIRTH RATE (CRUDE).

Year	1941	1942	1943	1944	1945	1946	1947	1948	1949	1950
England and Wales	14.2	15.8	16.5	17.6	16.1	19.1	20.5	17.9	16.7	15.8
Devon	11.0	13.6	13.9	16.4	15.5	17.3	17.9	15.7	14.7	13.49

DEATH RATE (CRUDE).

Year	1941	1942	1943	1944	1945	1946	1947	1948	1949	1950
England and Wales	12.9	11.6	12.1	11.6	11.4	11.5	12.0	10.8	11.7	11.6
Devon	13.7	13.3	14.4	14.5	14.8	14.1	14.8	12.9	14.7	14.5

Heart and Circulatory Diseases.

In the Administrative County there were 2,872 deaths from Diseases of the Heart and Circulatory System, (1,366 males and 1,506 females), corresponding to a death rate of 5.65 per 1,000 of the population, compared with 2,759 and 5.5 in 1949. Of these, 1,684 (6.38 per 1,000) occurred in the combined Urban Districts, and 1,188 (4.82 per 1,000) occurred in the combined Rural Districts.

In Table II will be found the number of deaths and death rates from these diseases for the several districts of the County.

Cancer.

In the Administrative County there were 1,149 deaths from Cancer, (550 males, and 599 females), corresponding to a death rate of 2.3 per 1,000 of the population, compared with 1,153 and 2.3 in 1949. Of these, 644 (2.4 per 1,000) occurred in the combined Urban Districts, and 505 (2.1 per 1,000) occurred in the combined Rural Districts.

In Table II will be found the number of deaths and death rates from this disease for the several districts of the County.

Vascular Lesions of Nervous System.

In the Administrative County there were 1,053 deaths from Vascular Lesions of Nervous System, (399 males, and 654 females) corresponding to a death rate of 2.07 per 1,000 of the population compared with 992 and 1.9 in 1949. Of these, 599 (2.27 per 1,000) occurred in the combined Urban Districts, and 454 (1.86 per 1,000) occurred in the combined Rural Districts.

PREVALENCE AND CONTROL OF INFECTIOUS DISEASE.

With regard to notifications of infectious disease, a change brought about as a result of the National Health Service Act is that under Schedule 10, local sanitary authorities must send a copy of all notifications of infectious disease to the County Medical Officer within 12 hours, if possible, and in any case within 48 hours after its receipt. The County Council is required to reimburse local sanitary authorities for any fee which they have paid for the original notification.

Smallpox.

As from the 5th July, 1948, the County Council's responsibility to provide for the isolation hospital treatment of cases of Smallpox passed to the Regional Hospital Board. During the year 1950 no case of Smallpox was reported in the Administrative County.

Scarlet Fever.

There were 393 cases notified, with no deaths during the year, compared with 417 cases and no deaths for the previous year. Cases were reported in all but 8 of the sanitary districts.

The largest number of cases occurred in Plympton St. Mary Rural (97), Torquay (36), Paignton (36), and St. Thomas Rural (23).

Diphtheria.

There were 4 cases notified, with no deaths during the year, compared with 10 cases and no deaths for the previous year. The disease was notified in 2 (1 urban, 1 rural) of the 48 sanitary districts.

Since the 5th July, 1948, sole responsibility for the provision of facilities for immunisation against diphtheria rests with the Local Health Authority. Further details regarding the scheme which was brought into operation on the 5th July is contained in the section further on in this report which deals with Section 2 of the National Health Service Act.

TABLE III. 1950.
NOTIFIABLE DISEASES.

DISTRICTS.	Scarlet Fever	Diphtheria	Enteric Fever	Pneumonia. *	Puer. & Post abort. sepsis	Acute Poliomyelitis	Cerebro- Spinal Fever	Ac. inf. enceph.	Ophthalmia Neonatorum	Total. Cases
	Cases	Deaths †	Cases	Deaths	Cases	Deaths	Cases	Deaths †	Cases	
URBAN.										
Ashburton	4									7
Axminster	4									22
Barnstaple	13			1						50
Bideford										23
Brixham	7									12
Buckfastleigh										—
Budleigh Salterton	4									14
Crediton	2									2
Dartmouth	4									18
Dawlish	1									3
Exmouth	11									18
Great Torrington	2									10
Holsworthy	4									4
Honiton	1									8
Ilfracombe	7									8
Kingsbridge	8									10
Lynton										—
Newton Abbot	1									22
Northam	3									5
Okehampton										—
Ottery St. Mary	2									2
Paignton	36									49
Salcombe	1									4
Seaton	1									5
Sidmouth	3									7
South Molton										—
Tavistock	5									5
Teignmouth	4									29
Tiverton	3									15
Torquay	36									74
Totnes	7									9
Totals ...	174		1	—	4		151	123	9	435
RURAL.										
Axminster	12									37
Barnstaple	14									37
Bideford	1									5
Broadwoodwidger										—
Crediton	1									4
Holsworthy										—
Honiton										9
Kingsbridge	19									23
Newton Abbot	15									47
Okehampton	5									23
Plympton St. Mary	97		3				45	10		154
South Molton	8						3	11		14
St. Thomas	23						32	1		64
Tavistock	5						2	10		9
Tiverton	9						30	12		45
Torrington	4						3	5		7
Totnes	6						4	2		13
Totals ...	219		3	—	3		175	99	8	494
Administrative County	393		4	—	7		326	222	17	929

* Deaths include both notifiable and non-notifiable cases.

† No figures of deaths published by Registrar-General.

Cases, as notified by Medical Officers of Health.
Deaths, as notified by Registrar-General.

TABLE IIIa, 1950.

YEAR	Scarlet Fever		Diphtheria		Enteric Fever		Pneumonia. †		Puer. & post abort. sepsis		Acute Poliomyleitis		Cerebro- Spinal Fever		Ac. inf. enceph.		Ophthalmia Neonatorum		Total.	
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths
1941	836	4	611	41	58	2	391	317	46	12	10	1	64	18	2	7	14	—	2032	402
1942	401	1	333	20	47	3	239	223	57	7	5	1	25	4	1	5	14	—	1122	264
1943	466	2	132	4	25	1	267	233	35	4	1	1	13	4	1	1	13	—	953	250
1944	557	3	108	3	29	2	274	223	39	4	23	2	28	6	1	4	12	—	1071	247
1945	497	2	63	4	12	—	206	199	25	4	15	2	17	5	1	5	14	—	836	221
1946	427	—	49	4	21	—	228	210	33	3	6	2	14	3	1	1	1	—	780	223
1947	274	—	31	2	3	—	209	203	27	6	60	1	11	3	—	4	9	—	624	219
1948	254	—	15	—	4	1	190	166	16	1	15	5	5	2	—	5	9	—	499	180
1949	417	—	10	—	3	—	337	262	27	1	92	9	5	4	—	3	7	—	898	279
1950	393	*	4	*	7	*	326	222	17	*	177	31	1	*	—	*	4	—	929	*

† Deaths include both notifiable and non-notifiable cases.

* No figures of deaths published by Registrar-General.

Cases, as notified by Medical Officers of Health.

Deaths, as notified by Registrar-General.

Typhoid Fever.

There were 7 cases with no deaths, notified during the year, compared with 3 cases and no deaths for the previous year. The disease was notified in 3 (2 urban, 1 rural) of the 48 sanitary districts.

Measles.

There were 1,254 cases notified, with no deaths, during the year, compared with 4,934 cases and 2 deaths during the previous year. The largest number of cases occurred in Bideford Urban (91), Tiverton Urban (365), South Molton Rural (129), and Tiverton Rural (149).

Whooping Cough.

There were 1,116 cases with 2 deaths, notified during the year, compared with 1,357 cases and 7 deaths, during the previous year. The largest number of cases occurred in Exmouth (140), St. Thomas Rural (171), Torquay (125), and Plympton St. Mary Rural (133).

Influenza.

There were 53 deaths (urban 30, rural 23) registered during the year, compared with 50 for the previous year.

Pneumonia.

There were 326 cases of Pneumonia notified during the year. This serious disease caused *222 deaths (urban 123, rural 99), compared with 262 for the previous year.

* The deaths include both notifiable and non-notifiable cases.

Puerperal Fever and Pyrexia.

There were 15 cases notified under the Regulations, compared with 27 cases for the previous year.

Poliomyelitis.

184 cases were notified during the year and 34 deaths registered.

Polio-Encephalitis.

3 cases were notified during the year.

Cerebro-Spinal Fever.

One case was notified during the year.

Ophthalmia Neonatorum.

There were 3 cases notified, compared with 7 for the previous year. (Further reference to this is made in the Maternity and Child Welfare Section of the report).

REPORT ON POLIOMYELITIS 1950.

The epidemic of acute poliomyelitis in Devon in 1950 was the largest recorded in the history of the County. In all 184 confirmed cases were notified. The largest previous recorded outbreak was in the year 1911 in the Holsworthy District and neighbouring Cornwall area when 104 cases were found to have occurred, but it is not improbable that there were many more cases then, which were not recorded. There was no serious outbreak after this until 1938 when 32 cases occurred. After this, there were comparatively few cases in the County, but in the year 1947 when there was a widespread outbreak throughout the country, 60 cases were notified in Devon; 15 cases were notified in 1948 and 79 in 1949.

In the 1950 epidemic the attached table shows the number of notifications which were received during the year in the 48 Sanitary Districts of the County. Cases were notified from 21 of the 31 Borough and Urban Districts. No notifications were received from Budleigh Salterton, Exmouth, Okehampton, Lynton, Ottery St. Mary, Seaton, South Molton, Tavistock, Great Torrington or Totnes. Notifications were received from all the 17 Rural Districts with the exceptions of Broadwoodwidger and Tavistock.

The incidence of poliomyelitis was not unusual until August when there was a sharp rise in the number of notifications, but the disease did not appear to have epidemic proportions except in the Newton Abbot Urban District and Teignmouth areas. In the Newton Abbot Urban District 5 cases occurred between the 17th and 19th of August while in the Rural District sporadic cases were scattered throughout the area. In Teignmouth, after the notification of a case on the 2nd, nothing else occurred until 2 cases were notified between the 9th and 11th of the month and three more on the 24th, 25th and 26th.

There was a rise in the month of September when 54 cases were notified from 10 Urban Districts and 11 Rural Districts. Cases continued to occur in the Newton Abbot Urban and Rural Districts in what might be termed epidemic proportions. The main outbreak in September, however, was in Dartmouth where 10 cases occurred. The 3 cases which were notified on the 4th and 5th of the month were followed by a single case on the 9th, 4 cases on the 12th, one on the 26th and another case on the 27th. There was one other case notified in Dartmouth in October and after this there were no further notifications making in all 13 cases among which were 5 deaths.

During the month of October, sporadic cases continued to be notified from various parts of the County but the main concentration of cases in epidemic form again occurred in the Newton Abbot Rural District and the cases there concentrated on Moreton-hampstead. 3 cases occurred between the 1st and 4th, 1 on the 6th, 1 on the 11th, 1 on the 16th and 1 on the 21st, (a total of 8 for October), making in all 11 cases in this area during the 2 months. Altogether 16 cases were notified in the Newton Abbot Rural area during the month of October. After this the number of cases steadily declined although sporadic cases were still scattered throughout the County. The decline may be judged from the fact that although there were 32 notifications in August, 54 in September and 50 in October, they fell to 21 in November, 18 in December and 3 in January of 1951.

Multiple Familial Infections.

In only 5 instances was there any evidence that poliomyelitis might possibly be transmitted by contact. These were cases that occurred in the same household or under the same circumstances within the incubation period of the original case concerned. One case was so striking that it is worth recording. Mrs. P. arrived at Filleigh on the 9.9.50 having come up from Dartmouth for a holiday. She sickened with acute poliomyelitis on the 10th and was admitted to Bideford Isolation Hospital on the 15th where she died. The son of the household at Filleigh, aged 2, went down with poliomyelitis on the 19th and fortunately recovered, but his father contracted the disease on the 30th September, was admitted to Hospital on the 2nd October and died on the 4th. Otherwise, no evidence could be collected as to the means of the spread of infection other than those cited above.

Incidence in Age Groups.

I attach a table showing the distribution of the cases by age groups and while the greatest percentage of the total number of cases occurred under five many of these, fortunately, proved to be non-paralytic. It is also of interest to note that the majority of the deaths occurred in cases over the age of 10 years and the highest percentage of deaths occurred in the 10-15, 20-30 age groups, which comprise slightly over 2/3rds of the total deaths recorded.

Importance of avoiding undue Physical Exertion.

Our experience in the epidemic of last year confirms that undue physical exertion in the early stages of the disease greatly increases the risk of fatal consequences. It was found in many

instances that those who were working or playing beyond their usual practice in the early stages of the disease suffered a fulminating attack.

Public Relations.

The Local District Council is responsible for taking all the necessary measures on the occurrence of a case of poliomyelitis in the area, through its Medical Officer of Health. It was thought wise, however, to hold a Meeting of the Medical Officers of Health of the County in early August when it appeared probable that we might have a large outbreak of poliomyelitis in the County.

This Meeting was held to interchange ideas and to determine if possible a common policy to be followed in combating any epidemic that might occur, and also in relation to press reports. It was decided at this Meeting that any information given would be on a District and not on a County basis, as otherwise a wrong impression might be given since several areas of the County were quite free from poliomyelitis. It was recommended that a written statement should be given to the press for publication if required.

Education of the Public.

Leaflets detailing the measures to be taken in the presence of an epidemic of acute poliomyelitis prepared by the Central Council of Health Education were distributed through the Welfare Centres in the County.

Tonsillectomy and Inoculations.

It is now fairly clearly established that the more severe form of poliomyelitis affecting the brain may follow on recent tonsillectomies and in those areas in which poliomyelitis was present during the year tonsillectomies were suspended in co-operation with this Department and the Regional Hospital Board. It is further thought that muscular injuries may lead to paralysis in the affected muscle in certain cases when poliomyelitis is prevalent and consequent upon this new knowledge, inoculations against diphtheria etc. were also suspended in certain areas. No evidence, however, was collected during the outbreak which would substantiate either of these theories, but absence of evidence of this type may have been due to the precautions that were taken. Reference to the table shows that 51% of the cases occurred in children under the age of 10 and it is also of interest to note that no paralysis supervened in 50% of cases of children under this age and only slight paralysis occurred in 26% of the remainder.

Sources of Infection.

We do know that the poliomyelitis virus can be recovered from the throats of patients and from their stools, so that, on this

TABLE A
CONFIRMED CASES OF POLIOMYELITIS BY DISTRICTS:— 1950

AREAS	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total	Deaths
Borough and Urban Districts														
Ashburton	—	—	—	—	—	—	—	—	—	3	—	—	3	—
Axminster	—	—	—	—	—	—	—	—	4	1	—	—	5	—
Barnstaple	—	—	—	—	—	—	—	1	—	3	3	1	8	3
Bideford	—	—	1	—	—	—	—	2	2	—	—	—	7	—
Brixham	—	—	—	—	—	—	—	—	3	—	—	—	3	—
Buckfastleigh	—	—	—	—	—	—	—	—	—	—	1	—	1	—
Budleigh Salterton	—	—	—	—	—	—	—	—	2	—	—	—	2	—
Crediton	—	—	—	—	—	—	—	2	10	1	—	—	13	5
Dartmouth	—	—	—	—	—	—	—	—	—	1	1	—	2	—
Dawlish	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Exmouth	—	—	—	—	—	—	—	1	—	—	—	—	1	—
Holswothy	—	—	—	—	—	—	—	—	—	—	1	—	1	—
Honiton	—	—	—	—	—	—	—	—	1	—	—	—	1	—
Ilfracombe	—	—	—	—	—	—	—	1	2	—	—	2	5	—
Kingsbridge	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Lynton	—	—	—	—	—	—	—	5	6	1	1	3	16	2
Newton Abbot	—	—	—	—	—	—	—	—	1	—	—	—	1	—
Northam	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Okehampton	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Ottery St. Mary	—	—	—	—	—	—	—	—	1	1	2	—	2	6
Paignton	—	—	—	—	—	—	—	—	—	2	—	—	2	—
Salcombe	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Seaton	—	—	—	—	—	—	—	1	—	—	—	—	1	—
Sidmouth	—	—	—	—	—	—	—	—	—	—	—	—	—	—
South Molton	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Tavistock	—	—	—	—	—	—	—	—	6	—	1	—	8	1
Teignmouth	—	—	—	—	—	—	—	1	3	2	1	—	7	1
Tiverton	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Great Torrington	—	—	—	—	—	—	—	1	1	1	—	—	3	1
Torquay	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Totnes	—	—	—	—	—	—	—	—	—	—	—	—	—	—
TOTAL	1	—	—	—	—	—	1	22	30	24	10	8	96	15
	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total.	Deaths.
Rural Districts.														
Axminster	—	—	—	—	—	—	—	1	1	2	—	1	4	1
Barnstaple	—	—	—	—	—	—	—	1	1	1	2	—	6	2
Bideford	—	—	1	—	—	—	—	—	1	2	—	—	4	—
Broadwoodwidger	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Crediton	—	—	—	—	—	—	—	—	—	1	1	1	3	1
Holswothy	—	—	—	—	—	—	—	—	—	1	—	—	1	—
Honiton	—	—	—	—	—	—	—	—	—	1	—	—	1	—
Kingsbridge	—	—	—	1	—	—	—	—	1	1	—	1	4	—
Newton Abbot	—	—	—	—	—	—	—	—	3	8	16	1	28	6
Okehampton	—	1	—	—	—	—	—	—	2	—	1	5	9	1
Plympton St. Mary	—	—	1	—	—	—	—	1	—	3	—	1	7	1
South Molton	—	—	—	—	—	—	—	—	—	3	1	—	4	2
St. Thomas	—	—	—	—	—	—	—	1	2	1	2	1	7	2
Tavistock	—	—	—	—	—	—	—	—	—	2	—	1	4	1
Tiverton	—	—	—	—	—	—	—	—	—	1	—	1	1	—
Torrington	—	—	—	—	—	—	—	—	—	1	—	—	1	—
Totnes	—	—	—	—	—	—	—	—	—	1	—	2	1	4
TOTAL	2	1	1	—	—	—	3	10	24	26	11	10	88	19
GRAND TOTALS	3	1	1	—	—	—	4	32	54	50	21	18	184	34

TABLE B
ANALYSIS OF CASES BY AGE GROUPS—1950

AGE GROUPS	TOTAL			NO PARALYSIS			SLIGHT PARALYSIS			SEVERE PARALYSIS			APPLIANCES NEEDED			STILL IN HOSPITAL			DIED					
	M.	F.	%	M.	F.	%	M.	F.	%	M.	F.	%	M.	F.	%	M.	F.	%	M.	F.	%	M.	F.	%
0- 5 years	34	26	32.6	18	12	50	9	10	32	3	2	8	6	4	16	2	1	5	4	2	10	1	4	15
5-10	18	16	18.5	12	5	50	3	4	20	2	3	15	2	6	26	1	2	9	3	3	32	—	—	—
10-15	11	8	10.3	3	2	26	4	2	32	1	1	10	2	2	21	—	—	—	—	1	5	—	1	5
15-20	9	10	10.3	6	4	53	1	4	26	2	1	16	1	1	11	2	3	26	—	1	3	7	4	33
20-30	18	15	17.9	7	5	37	3	4	21	1	2	9	4	3	21	—	—	—	1	2	25	—	—	—
30-40	5	7	6.5	3	1	33	1	4	42	—	—	—	1	3	33	—	—	—	—	—	—	2	—	28
40 years and over	6	1	3.9	2	—	28	2	1	43	—	—	—	—	1	15	—	—	—	—	—	—	18	16	—
TOTAL	101	83		51	29		23	29		9	9		16	20		5	7		—	—	—	34	18	
GRAND TOTAL	184			80			44	52		28	18		10	36		20	12		6	34		18		

evidence it might be possible to transmit the disease either by droplet infection, that is, through the breath, by contamination of food and water supplies or by flies. There is however, no absolute evidence to guide us as to how poliomyelitis is in fact passed from one person to another. There is a theory to the effect that the paralytic case of poliomyelitis is merely a manifestation of the presence of the virus in the area and that most people develop a natural immunity to the disease.

This lack of evidence as to the mode of transmission of poliomyelitis makes control measures extremely difficult and during an outbreak, one must treat the disease not only as a droplet infection, like scarlet fever, but as an excremental infection like typhoid fever.

SCHOOL CLOSURE.

During the year 3 schools were closed on account of infectious diseases, compared with 4 in 1949.

Of these, 2 were closed on account of Chicken Pox, and 1 on account of Acute Poliomyelitis.

3,038 children (infected and contacts) were excluded ; Chickenpox 1,417, Conjunctivitis 22, Diphtheria 2, German Measles 41, Jaundice 13, Measles 478, Mumps 105, Scarlet Fever 169, Whooping Cough 679, Scabies 11, Impetigo 3, Ringworm 31. Other Skin Diseases 0 ; Other diseases 67.

TUBERCULOSIS.

The number of notifications under the Tuberculosis Regulations 1930 was 393 and 165 deaths were given in the Registrar General's return.

Notifications.

The following table shows the total number of cases of Tuberculosis remaining on the registers at the end of 1950 :—

PULMONARY.				NON-PULMONARY.				TOTAL CASES.
Males	Females	Children	Total	Males	Females	Children	Total	
,257	888	114	2,259	105	132	141	378	2,637

The following is a summary of primary notifications during the year 1950, as furnished to the Minister of Health.

Notifications on Form A.

Number of Primary Notifications of new cases of Tuberculosis.

Age periods	0—1	1—2	2—5	5—10	10—15	15—20	20—25	25—35	35—45	45—55	55—65	65—75	75 and over.	Totals	Grand Total
	1	1	1	3	7	18	47	40	34	21	8	3	184		
Pulmonary Males	1	1	1	3	7	18	47	40	34	21	8	3	184		
„ Females	1	3	2	8	13	25	37	30	13	11	8	1	152		393
Non-Pulmonary Males	2	3	7	2	2	6	4			1	1		28		
„ Females	1	4	5	4	3	2	4	3	2	1			29		

New cases of Tuberculosis coming to the knowledge of the Medical Officer of Health or Chief (Administrative) Tuberculosis Officer during the year, otherwise than by formal notification under the Public Health (Tuberculosis) Regulations, 1930.

Age periods.	0—1	1—2	2—5	5—10	10—15	15—20	20—25	25—35	35—45	45—55	55—65	65—75	75 and over	Total Cases
	2				1	10	22	7	5	4				
Pulmonary Males					2									51
„ Females					2			1	6	19	7	2	1	38
Non-Pulmonary Males						1				2				3
„ Females					1	3			1					5

The primary notifications of Tuberculosis on Form A (all forms) amounted to 393 (212 males, 181 females). Of this number 336 (184 males, 152 females), suffered from Respiratory forms of Tuberculosis, and 57 (28 males, 29 females) from other forms of Tuberculosis. The number of notifications (393) is higher than the corresponding figure for 1949 (377) :— Pulmonary cases show an increase of 29 and non-pulmonary a decrease of 13.

Mortality.

(a) Pulmonary.

During the year 1950, 153 deaths (95 males and 58 females) occurred ; of these, 91 occurred in the Urban Districts and 62 in the Rural Districts.

(b) Non-Pulmonary.

11 deaths occurred (7 males and 4 females). Of this number 5 occurred in the Urban Districts and 6 in the Rural Districts.

Deaths from all forms of Tuberculosis.

There were 164 deaths (102 males and 62 females), 96 in the Urban Districts and 68 in the Rural Districts.

Table II gives the number of deaths and death rates in the various districts in the County. (Registrar-General).

The Tuberculosis death rate for the County as a whole is 0.32 per 1,000 of the population.

In the combined Urban Districts the death rate was 0.33 and in the combined Rural Districts 0.32. In the Urban Districts the highest death rate was in Budleigh Salterton (1.05) and in the Rural Districts the highest death rate was in Tavistock (0.70).

The following table shows the death rates from Tuberculosis (all causes) for the last five years :—

Year	.....	1946	1947	1948	1949	1950
Rate	.....	0.45	0.47	0.4	0.37	0.32

The following table shows the sex, age, and number of deaths from Tuberculosis (all causes) amongst Children and Infants during the year 1950.

Under 5 years.		5 years and under 15 years.		Total.	
Male	Female	Male	Female	Male	Female
3	3	1	2	4	5

New Cases and Mortality during 1950.

(Returns from Local Registrars).

Of the 164 deaths from Tuberculosis (all forms) returned by the Local Registrars, 51 (31.1 per cent.) were of un-notified cases, the reasons given being :—

Visitors .....	.....	.....	.....	.....	.....	11
Diagnosed on Post Mortem Examination .....	.....	.....	.....	.....	.....	2
Regarded by Medical Attendant as already notified .....	.....	.....	.....	.....	.....	38

The remaining 113 deaths were of cases notified in the following years, and 33.6% of these were of cases notified during 1950.

Prior to 1931	1931	1932	1933	1934	1935	1936	1937	1938	1939	1940	1941	1942	1943	1944	1945	1946	1947	1948	1949	1950	Total
3	—	1	1	1	—	3	—	—	1	2	4	1	2	7	2	8	9	15	15	38	113

This table shows the occupations of 158 adults who died from Tuberculosis in 1950 :—

Adults—15 years of age and upwards.

MALES.

Architect	....	1	Mason	....	1
Baker Roundsman	....	1	Master Mariner	....	1
Boatman	....	1	Milk Roundsman	....	1
Brick Layer	....	4	Motor Mechanic	....	1
Builder	....	1	Musician	....	1
Carpenter	....	2	No Occupation	....	4
Civil Servant	....	2	Painter and Decorator	....	4
Clay Miner	....	2	Plasterer	....	1
Clerk	....	1	Post Office Worker	....	3
Commissionnaire	....	1	Printer Compositor	....	1
Consulting Engineer	....	1	Radio Officer,		
Curator	....	1	Merchant Navy	....	1
Cycle Mechanic	....	1	Retired	....	6
Engineer	....	3	Salesman	....	2
Ex-Service	....	7	Shipwright	....	1
Farm Labourer	....	2	Solicitor	....	1
Fireman	....	1	Stoker	....	1
Fisherman	....	1	Student	....	1
Garage Proprietor	....	1	Surveyor	....	1
General Labourer	....	11	Switchboard Operator	....	1
Hotel Proprietor	....	1	Taxi Driver	....	1
Inmate, Mental Hospital	....	3	Textile Weaver	....	1
Licensed Victualler	....	1	Trawler Skipper	....	1
Lorry Driver	....	2	Violinist	....	1
Male Nurse	....	1	Waiter	....	2
Manager (Bill Poster)	....	1	Watch & Clock Repairer	....	1
Market Gardener	....	4	Water Bailiff	....	1

TOTAL : 99.

FEMALES.

Civil Servant	....	1	Machinist	....	1
Domestic	....	3	Nurse	....	1
Housekeeper	....	1	No Occupation	....	14
Housewife	....	31	School Teacher	....	1
Inmate, Mental Hospital	....	4	Warden	....	1
Inmate, M.D. Institution	....	1			

TOTAL : 59.

The following information with regard to the localisation of the deaths from Tuberculosis in 1950 has been obtained from the Returns of the Local Registrars (not those from the Registrar-General).

		<i>Males.</i>	<i>Females.</i>	<i>Total.</i>
Lungs	....	95	58	153
Meningitis	....	3	2	5
Generalised	....	2	1	3
Peritoneum and Intestines	....	1	1	2
Joints	....	1	—	1
Other Forms	....	—	—	—
		102	62	164

Of the 164 deaths, 6 (3.6 per cent.) occurred amongst children under 15 and 158 (96.4 per cent.) amongst patients above that age.

Prevention of Tuberculosis Regulations, 1925.

No action has been taken by the County Council under these Regulations.

X-Rays.

During the year 18,758 X-Ray examinations were carried out in the 3 areas of the Administrative County ; North Devon 5,984, Torquay 8,235, Exeter 4,539.

Grants of Extra Nourishment, etc.

The following grants were made during the year on the recommendation of the Tuberculosis Officers :—

Extra Nourishment—172 grants were made to 56 patients for milk at the rate of 5/10d. per week.

Occupational Therapy.

Under arrangements made with St. Loyes Cripples Training College for Tuberculosis patients to receive instruction in their own homes by 2 Occupational Therapists, 1,315 visits were made to 196 patients.

Shelters.

Shelters are loaned to patients on the advice of the Tuberculosis Officers and are inspected at intervals by the Tuberculosis Officers and Health Visitors. Total number available 64 ; (Of this number, 8 are on loan to the Grove Nursing Home, Paignton, and 5 to Windwhistle Nursing Home, Poundsgate).

Tuberculosis Visiting.

The Health Visitors act as Tuberculosis Visitors, and during the year 1,251 visits were made to homes of tuberculous patients. One Health Visitor is attached to each of the 3 Tuberculosis Clinics and works in close co-operation with the Tuberculosis Officer. Information relating to patients is then passed to the appropriate Health Visitor.

OAKLAND'S PARK CHILDREN'S HOME.

There are 58 beds available at Oaklands Park Children's Home and an average of 36 were occupied throughout the year. The staff consists of Matron, 1 assistant nurse, 3 ward orderlies, 1 supervisor of children's activities, who also organises games and meals, and 4 domestic staff.

During the year 128 children were admitted, 123 were discharged and 25 were in the Home at the end of the year. This latter number is lower than the average for the year as many of the children are taken home for Christmas.

Average length of stay	....	12 weeks, 6 days.
Average gain in weight	....	4 lbs. 15 ozs.

WELFARE OF THE BLIND.

Although blindness—its cause, prevention, and treatment—is essentially of medical interest, powers under this Act have been delegated to the Committee for the Welfare of the Blind.

The Scheme of Registration contains a proviso that before the name of a blind person is entered in the Register he must be examined by a Medical Practitioner qualified in accordance with the proviso to paragraph (5), of Article 4 of the Council Scheme for the provision of Welfare Services for Blind Persons under Section 29 of the National Assistance Act, 1948. If, for one reason or another, the blind person is unable to travel, his name, together with a certificate from a Medical Practitioner qualified as above, is sent to the County Medical Officer for his approval before being placed on the Register.

HAWKMOOR SANATORIUM.

This Sanatorium and Hawley Hospital, Barnstaple, are under the administrative control of the Exeter Special Hospital Management Committee, of the South West Regional Hospital Board.

Total Number of Beds available .....	.....	210
Total number of patients admitted .....	.....	328
Total number of patients discharged or who have died .....	.....	304
Total number of patient days .....	.....	62,657
Average Number of Beds Occupied .....	.....	169
Average length of Stay .....	.....	211 days

Age Classification on Admission.

			Males.	Females.	Totals.
Under 5 years	.....	.....	—	1	1
,, 15 „	.....	.....	2	7	9
,, 25 „	.....	.....	44	56	100
,, 35 „	.....	.....	56	50	106
,, 45 „	.....	.....	43	35	78
,, 55 „	.....	.....	15	10	25
,, 65 „	.....	.....	6	—	6
Over 65 „	.....	.....	3	—	3
			—	—	—
			169	159	328
			—	—	—

Disease Classification on Admission.

Pulmonary only.

			Males.	Females.	Children.	Total.
Observation	.....	.....	3	2	1	6
Class R.A.1.	.....	.....	9	15	4	28
Class R.A.2.	.....	.....	5	4	1	10
Class R.A.3.	.....	.....	3	2	—	5
Class R.B.1.	.....	.....	34	21	—	55
Class R.B.2.	.....	.....	50	46	—	96
Class R.B.3.	.....	.....	55	53	2	110

Non-Pulmonary only.

N.R.A.	.....	.....	—	—	1	1
N.R.B.	.....	.....	2	8	1	11
Non-Tuberculous Thoracic Surgical Cases	.....	.....	6	—	—	6
			—	—	—	—
			167	151	10	328
			—	—	—	—

Year discharged.		Un- traced	Cured	Not Cured but able to work	Too Ill to work	Died	Total	Grand Totals.
1937	R.A.	11	20	22	6	5	64	
	R.B.1.	—	2	—	—	1	3	
	R.B.2.	3	2	3	3	9	20	
	R.B.3.	2	3	3	2	24	34	121
1938	R.A.	6	37	20	4	12	79	
	R.B.1.	3	1	2	—	—	6	
	R.B.2.	4	7	8	2	3	24	
	R.B.3.	2	2	2	2	24	32	141
1939	R.A.	4	20	36	6	21	87	
	R.B.1.	1	2	2	1	4	10	
	R.B.2.	4	1	9	3	11	28	
	R.B.3.	5	7	2	10	31	55	180
1940	R.A.	5	38	16	10	10	79	
	R.B.1.	3	2	3	1	1	10	
	R.B.2.	2	8	9	10	15	44	
	R.B.3.	3	—	2	4	16	25	158
1941	R.A.	17	17	26	4	20	84	
	R.B.1.	1	1	6	1	—	9	
	R.B.2.	6	8	13	5	10	42	
	R.B.3.	3	1	1	1	21	27	162
1942	R.A.	9	7	41	5	7	69	
	R.B.1.	—	2	9	1	—	12	
	R.B.2.	5	3	14	7	11	40	
	R.B.3.	2	1	3	11	20	37	158
1943	R.A.	6	10	42	7	4	69	
	R.B.1.	1	1	7	4	3	16	
	R.B.2.	2	3	16	5	7	33	
	R.B.3.	2	2	6	6	23	39	157
1944	R.A.	7	12	52	9	6	86	
	R.B.1.	2	4	12	1	1	20	
	R.B.2.	—	3	19	10	7	39	
	R.B.3.	1	—	1	9	29	40	185
1945	R.A.	—	4	41	8	1	54	
	R.B.1.	—	1	16	1	1	19	
	R.B.2.	—	—	12	7	4	23	
	R.B.3.	2	1	2	9	12	26	122
1946	R.A.	—	2	30	7	1	40	
	R.B.1.	—	—	17	4	1	22	
	R.B.2.	1	2	12	26	6	47	
	R.B.3.	—	—	2	15	7	24	133
1947	R.A.	—	—	36	10	5	51	
	R.B.1.	—	—	8	8	3	19	
	R.B.2.	—	—	40	4	7	51	
	R.B.3.	1	—	26	28	40	95	216
1948	R.A.	—	—	34	7	1	42	
	R.B.1.	—	—	24	7	—	31	
	R.B.2.	—	—	48	9	2	59	
	R.B.3.	—	—	23	25	8	56	188
1949	R.A.	—	—	30	6	—	36	
	R.B.1.	—	—	25	5	—	30	
	R.B.2.	—	—	45	10	3	58	
	R.B.3.	—	—	67	15	7	89	213

An important event of the year has been an extension of the surgical unit. The operating theatre and surgical wards have been extensively re-equipped, and a physiotherapy department has been incorporated so that, in addition to being able to undertake all the tuberculous surgery for the Exeter clinical area, six beds each have been allotted to the Plymouth and West Cornwall clinical areas for major tuberculous operative work. The Management Committee was asked if, as a result of the failure of the Military Families Hospital in Plymouth to materialise as a centre for non-tuberculous thoracic surgery, facilities for this work could be made available at Hawkmoor. During the later part of the year four beds were set aside for this purpose, it being intended to increase this number of beds to ten adult and four children by the end of the first quarter of 1951. This alteration in the working of the sanatorium has necessitated the closing down of the out-patient refill and consulting clinics and the withdrawal of X-Ray and refill facilities from the Stover Polish Hostel. There has also been a slight increase in the time patients have to remain on the waiting list before admission. There has been close collaboration with the Chest Physicians so that the best use could be made of the beds.

The following is a summary of the surgical work performed in the Sanatorium during the year :—

Thoracoplasties	....	....	108
Pneumonectomies	....	....	6
Extra-Pleural Pneumolysis	....	....	3
Cavity Drainage	....	....	2
Thoracoscopy and Division of Adhesions	....	....	69
Thoracotomy and Division of Adhesions	....	....	4
Thoracoscopy	....	....	7
Bronchoscopies	....	....	64
Oesophagoscopies	....	....	1
Phrenic Nerve Operations	....	....	53
Glands of Neck Operations	....	....	10
Tonsils and Adenoids	....	....	1
Dilation and Cretage	....	....	6
Amputation of Leg	....	....	1
Oesophagectomy	....	....	1
Excision of Rib Tumour	....	....	1
Exploratory Thoracotomy	....	....	1
Minor Operations	....	....	25

Medical treatment has continued along the standards of modern thought, full use being made of the basic sanatorium regime, implemented by collapse therapy and chemotherapy

where required. Full advantage is taken of the sanatorium occupational therapy department, and of the educational facilities provided by the Devon County Council.

Artificial pneumothorax was attempted in 71 cases of which 61 cases were successful, and 10 unsuccessful. In addition to this 18 patients were admitted whose pneumothorax had been induced elsewhere. 12 cases of pneumoperitoneum were induced during the year and 3 patients were admitted whose pneumoperitoneum had been induced elsewhere. The total refills given during the year amounted to 2,118.

An interesting development in the medical field has been the treatment of four cases of tuberculous meningitis who were not responding to the routine Streptomycin course, by the combined Streptomycin-Tuberculin method as worked out by the Oxford Meningitis Centre. Three of these cases have improved and one died, a gratifying result in a group of cases with a most gloomy outlook.

Most of the above-mentioned work would not have been possible without the co-operation of the Public Health Bacteriological Laboratory, the Pathological Departments of the Royal Devon and Exeter Hospital and the Torbay Hospital, and the Blood Transfusion Department in Plymouth. To the staffs of these departments we offer our thanks.

X-rays.

There were 4,842 screenings made, and 2,469 films taken, of which 2,404 were plain chest, 57 orthopaedic, 6 dental, 1 pregnancy, 1 barium swallow.

Dental Treatment.

As in former years dental treatment has continued to play an important part in the general therapeutic scheme. Analysis of the treatment given is as follows :—

Number of Patients seen .....	.....	170
„ found to require treatment .....	.....	118
„ actually treated .....	.....	109
„ of attendances .....	.....	403
„ of fillings of permanent teeth .....	.....	169
„ of extractions .....	.....	159
„ of other operations .....	.....	203
„ of persons supplied with dentures (14 Full, 8 Part) .....	.....	14

The number of sessions was 48.

Ophthalmic Treatment.

The Ophthalmic Surgeon has visited from time to time as required.

Hawley Hospital, Barnstaple.

During 1950, 45 patients were admitted and 36 discharged. Eight patients died during the year.

MATERNITY AND CHILD WELFARE.

Births.

During the year 1950, 6,857 (6,519 legitimate, 338 illegitimate) births were registered in the Administrative County; this is a decrease of 497 on the year 1949. Of the total number of births, 3,390 occurred in the Urban Districts and 3,467 in the Rural Districts.

The birth rate for the County for 1950 was 13.5 per 1,000 of the population, compared with 14.7 in 1949, 15.7 in 1948, 17.9 in 1947 and 17.3 in 1946.

In the combined Urban Districts the birth rate was 12.8 and in the combined Rural Districts 14.2. Table I shows the number of births and the birth rate in each of the Urban and Rural Districts. In the Urban Districts the highest rate was in Hols-worthy and the lowest in Sidmouth. In the Rural Districts the highest rate was in South Molton and the lowest in Broadwood-widger. The rate for England and Wales for 1950 was 15.8 compared with 16.7 in 1949.

Illegitimate Births.

There were 338 illegitimate births (Urban 179, Rural 159) (Males 167, Females 171) registered, giving a rate of 5.3 per cent for the Urban and 4.7 per cent for the Rural births, with a general rate of 4.9 per cent for the County.

Stillbirths.

There were 171 stillbirths (95 males, 76 females) registered in the County, giving a rate of 24.9 per 1,000 total births.

Notifications—Births.

Under Section 203(2) of the Public Health Act, 1936, all births in the Administrative County must be notified within 36 hours to the County Medical Officer.

In the County 6,681 live births were notified. (Adjusted for transfers in and out).

Domiciliary .....	.....	.....	.....	2,700
Institutional .....	.....	.....	.....	3,981
				<hr/>
			Total	6,681
				<hr/>
Reported by Registrars as non-notified				84
				<hr/>
			Total	6,765
				<hr/>

Stillbirths.

In the Administrative County 137 stillbirths were notified during the year.

Domiciliary .....	.....	.....	.....	50
Institutional .....	.....	.....	.....	87
				<hr/>
			Total	137
				<hr/>

All cases of stillbirth are followed up by investigation made by Health Visitors and District Nurse/Midwives or by direct enquiry, and information as to the cause of death obtained.

Premature Births. (i.e. babies weighing $5\frac{1}{2}$ lbs. or less at birth irrespective of period of gestation).

Number notified .....	.....	.....	.....	262
Born at home .....	.....	.....	.....	109
Born in Hospital or Nursing Home .....	.....	.....	.....	153

Of those born at home, the number nursed entirely at home was 89. Of those nursed entirely at home :—

7 died within 24 hours.

77 survived at the end of one month.

Of those born in Hospitals and Nursing Homes, 17 were born in Private Nursing Homes, and of these :—

5 died within 24 hours.

12 survived at the end of one month.

Infantile Mortality.

The number of deaths of infants under one year during 1950 was 205 (123 males and 82 females) and of this number 18 or 8.7 per cent were illegitimate. Of the total deaths, 97 occurred in the Urban Districts and 108 in the Rural Districts. The infantile mortality, i.e., the number of deaths under one year per 1,000 live births, for the Administrative County was 29.9 compared with 28.8 in 1949. The infantile mortality rate in the Urban Districts was 28.6, and in the Rural Districts 31.2. Table I shows the number of infantile deaths with rates per 1,000 births for each district in the Administrative County, and also full details of deaths of infants under 4 weeks old.

Ophthalmia Neonatorum.

	<i>Domiciliary confinements</i>	<i>Institutional confinements</i>
No. of cases notified	1	2
No. of cases removed to hospital	—	—
No. of cases nursed at home	1	—
No. of cases where vision was unimpaired	1	2
No. of cases where vision was impaired	—	—
No. of cases where vision was lost	—	—
No. of cases where patient died	—	—

Pemphigus Neonatorum.

No cases were recorded.

Puerperal Pyrexia.

15 cases of puerperal pyrexia were notified during the year. 10 of these occurred in institutions and 5 were domiciliary confinements. None of the latter was removed to hospital for treatment.

Maternal Deaths.

During 1950 there occurred in the Administrative County 10 deaths as a result of childbirth. This represents a rate of 1.46 per 1,000 live births.

Registration of Nursing Homes.

Under Sections 187-194 of the Public Health Act, 1936, 5 Nursing Homes have been registered for 52 beds (non-maternity) during the year. The total number of Homes on the register

at the end of the year was 52, providing 102 maternity and 358 other beds. This excludes Torquay, to whom all functions under the above Sections were delegated. One application for registration was refused.

Regular inspections are made of Nursing Homes for the purpose of ensuring that the Bye-Laws made by the County Council under the Act have been duly observed.

Nurseries and Child-Minders Regulation Act 1948.

During the year 6 applications for registration of premises as Day Nurseries were received and approved to provide for 154 children.

One application was received from a person desiring to register as a Child-Minder.

Nurses Acts 1919-1945.

Four applications for licences to carry on agencies for the supply of nurses, under these acts, were received during the year, and licences issued. Two applications were from Torquay, one from Glenholt, and the other from Paignton.

Child Life Protection.

The care of children under the age of 18 who have no parents; or guardians or have been abandoned or lost or whose parents; or guardians are prevented for the time being or permanently through incapacity or any other circumstances from providing proper accommodation, maintenance and upbringing, is dealt with by the Children's Officer. The Health Visitors continue to visit the homes and submit reports on all cases under the Children's Act and any homes where children are to be fostered. The number of visits by Health Visitors under this Section was 788.

Family Planning and Birth Control.

The Devon County Council make a grant to the Women's Welfare Association, which is a branch of the Family Planning Association. The number of cases seen under the Devon County Council's arrangements was 126 new cases and 670 continuation cases, as compared with 123 and 665 in 1949.

NATIONAL HEALTH SERVICE ACT, 1946.

SECTION 22—CARE OF MOTHERS AND YOUNG CHILDREN.

Ante- and Post- Natal Clinics.

At the end of the year there were 2 Ante-Natal Clinics in existence in the County, situated as follows :—

BARNSTAPLE	....	113, Boutport Street.
PAIGNTON	....	Congregational Church Schoolroom.

The total attendances recorded during the year were :—

Sessions.	No. of Women attending.	No. of attendances.	No. of New Cases.
121	1,078	1,219	209

Ante- and Post- Natal Medical Examinations.

The County Council make payments of fees to General Practitioners according to the scales laid down by the B.M.A. for Ante- and Post-Natal examinations and reports, and the total number of examinations carried out by doctors under this scheme was :—

Cases Examined.	Examination.	
	Ante-Natal.	Post-Natal.
22	42	20

Maternity Outfits.

Under the National Health Service Act, 1946, these outfits are supplied free of charge in domiciliary confinements, and arrangements have been made throughout the County for outfits to be obtained on application to the local District Nurse/Midwife. The number issued during the year was 2,878.

Dental Treatment.

This service has suffered in common with the School Dental Service a curtailment of its activities consequent on a continuing loss of staff to the more lucrative field of the general dental service. The problem the service has had to face has been a two-fold one ; that of finding the professional staff and of providing premises for them to work in. The former may be remedied when the Dental Whitley Council has completed its deliberations and an agreed National Scale of Salaries for Dental Officers is in operation. The problem of accommodation is not so easy a solution and the Regional Hospital Board through its Hospital Management Committees has not been able to give the help which was hoped for following the suggestion contained in Min. of Health Circular 118/47. The Ministry have since urged a greater use of Mobile

Clinics of the trailer caravan type in rural areas although they agree that such vans cannot as a long term policy replace suitably situated fixed clinics.

The trends noted in regard to the treatment of expectant and nursing mothers and young children in my 1949 report have continued into 1950. It is gratifying to note that although the number of children under 5 dentally examined remains much the same, there has been a sharp increase in the number actually treated and rendered dentally fit.

A Public Health project of very promising efficiency has been in experimental progress in the U.S.A. and Canada in the artificial "fluoridation" of communal water supplies for the partial control of dental decay in young people. Experiments were started in 1945, and the results have been sufficiently striking to receive the endorsement of U.S. Public Health Service the American Dental Association, the American Water Works Association and other interested bodies. In fact the Fluorine Study Committee of the Wisconsin State Dental Society has gone so far as to say that fluoride deficient public water supplies are unfit from the dental health standpoint for young children to drink. The Federal Security Agency of the U.S. Public Health Service claim that through fluoridation better Dental Health can be secured for 5 to 14 Cents per year which is the small cost of raising the fluorine content of the water to the optimum concentration which the experiments together with observations in natural fluoride areas have proved desirable.

Such a project, if successfully applied in this country might well completely change the dental decay picture in young adults, but to bring about its full effect would need to be in operation for some 10-12 years so as to cover the whole formative period of the permanent dentition. If at the same time the national dietary habits could be brought more into line with those prevailing during war time, then the existing dental establishment might well be able to cope with the problem with which they would then be faced.

Care of Unmarried Mothers and their Children.

Unmarried mothers and their children are cared for by arrangement with the Diocesan Moral Welfare Workers, to whom a grant is made by the County Council, who, in addition, pay travelling expenses of eight workers engaged on cases referred by the County Medical Department. During this period the number of cases dealt with was 93 and of these 1 was admitted to St. Olave's for whom the County Council contributed for maintenance on a case basis.

TABLE V.
M. AND C.W. DENTAL STATISTICS, 1950.

(a) Numbers provided with dental care.

	No. Exam- ined.	No. Needing Treatment.	No. Treated.	No. made dentally fit.
Expectant and Nursing Mothers	175	137	81	102
Children under five	441	282	252	228

(b) Forms of Treatment provided.

	Extractions	Anaesthetics		Fillings.	(a) (b) (c) Scaling and/or Gum Treatment. Silver Nitrate Treatment. Dressings.	Radio- graphs.	Artificial Dentures Provided	
		Local	General				Complete.	Partial.
Expectant and Nursing Mothers	401	29	85	81	301	14	49	34
Children under five	223	6	74	87	323	—	—	—

Maternity and Child Welfare Centres.

There were 74 Centres in the County at the end of the year, all of which are now administered by the County Council. The majority have Voluntary Committees to assist in running them, and in outlying rural areas transport is provided to convey mothers and children to the nearest Centres. During the year 4 new centres were opened at Axminster (Millway Rise), Fremington, Stoke Gabriel, and Ugborough.

At most Welfare Centres facilities are given for the distribution of welfare foods to mothers attending the Centres, under the Ministry of Food Scheme.

The numbers of attendances recorded during the year at the 74 Centres were as follows :—

Total sessions held	....	....	....	....	2,624
Total attendances by mothers	....	....	....	....	67,627
Total attendances by infants under 1 year	....	....	....	....	48,272
Total attendances by children aged 1/5 years	....	....	....	....	27,660
Total number of infants on Register at end of year	....	....	....	....	3,709
Total number of children aged 1/5 on Register at end of year	....	....	....	....	7,386

Full details of the Centres are given in the accompanying Table with the days on which sessions are held.

Alphington	....	Council School, Alphington	....	2nd & 4th Wed.
Appledore	....	Baptist Chapel, Appledore	....	1st & 3rd Tues.
Ashburton	....	Grammar School, Ashburton	....	2nd & 4th Tues.
Axminster	....	Plaza Cinema, Axminster	....	1st & 3rd Thurs.
Axminster	....	Millway Rise, Axminster	....	1st & 3rd Wed.
Bampton	....	Gospel Hall, Bampton	....	2nd & 4th Tues.
Barnstaple	....	113 Boutport St., Barnstaple	....	Tues. & Thurs.
Bideford	....	Parish Church Inst., Bideford,	....	Tues. & Thurs.
Bovey Tracey	....	Wickham Hall, Bovey Tracey	....	2nd & 4th Tues.
Braunton	....	Parish Hall, Braunton	....	Thursdays
Brixham	....	Brewery House, Fore St., Brixham	....	Tuesdays
Broadclyst	....	Girl Guides Room, Broadclyst	....	1st & 3rd Thurs.
Buckfastleigh	....	Congregational Sch., Buckfastleigh	....	2nd & 4th Wed.
Budleigh Salterton	....	Church Inst., Budleigh Salterton	....	1st & 3rd Fri.
Chagford	....	Women's Inst., Chagford	....	1st & 3rd Tues.
Chudleigh	....	Old School, Chudleigh	....	1st & 3rd Tues.
Chulmleigh	....	Congregational Rooms, Chulmleigh	....	2nd & 4th Tues.

Colyton	.... Youth Club, High St., Colyton	Tuesdays
Combe Martin	.... Baptist Lecture Rooms, Combe Martin	2nd & 4th Tues.
Crediton	.... Newcombes, Crediton	Thursdays
Cullompton	.... Parish Rooms, Cullompton	1st & 3rd Tues.
Dartmouth	.... New Centre, Mayors Ave., Dartmouth	Thursdays
Dawlish	.... The Knowle, Dawlish	Weds.
East Portlemouth	.... Village Hall, E. Portlemouth	3rd Thurs.
Exmouth	.... St. Clements, Exeter Road, Exmouth	Weds. & Fri.
Fremington	.... Parish Hall	2nd & 4th Tues.
Hartland	.... Women's Inst., Hartland	2nd & 4th Fri.
Holsworthy	.... Chapel Sch. Rooms, Holsworthy	Wednesdays.
Honiton	.... Wesley Hall, New St., Honiton	Alternate Wed.
Horrabridge	.... Church Rooms, Horrabridge	1st Monday.
Ilfracombe	.... 4 Market St., Ilfracombe	Fridays
Ipplepen	.... Church Room, Ipplepen	1st & 3rd Tues.
Ivybridge	.... The White House, Ivybridge	2nd & 4th Thurs.
Kenton	.... School Rooms, Kenton	1st & 3rd Tues.
Kingsbridge	.... Greenhill, Kingsbridge	Wednesdays
Kingskerswell	.... Public Hall, Kingskerswell	2nd & 4th Thurs.
Kingsteignton	.... British Legion Hall, Kingsteignton	2nd & 4th Friday
Lympstone	.... The Cottage, Lympstone	Wednesdays.
Lynton	.... Jubilee Hall, Lynton	1st & 3rd Wed.
Morchard Bishop	.... Parish Hall, Morchard Bishop	Alt. Tues.
Moretonhampstead	.... Methodist Church Schoolrooms, Moretonhampstead	2nd & 4th Mon.
Newton Abbot	.... 21 Courtenay Pk., Newton Abbot	Wed. & Thurs.
Northam	.... Church Hall, Northam	2nd & 4th Tues.
Okehampton	.... Methodist Rooms, Okehampton	Thursdays
Ottery St. Mary	.... Parish Church Hall, Ottery St. Mary	Thursdays
Paignton	.... Congregational Schoolrooms, Paignton	Mon. & Tues.
Plympton	.... Congregational Sch., Plympton	Tuesdays
Preston	.... Baptist Hall, Preston	Wednesdays
Princetown	.... H.M. Prison, Princetown	2nd & 4th Wed.
Plymstock	.... Pomphlett Meth. Room, Plymstock	Thursday
Salcombe	.... Cliff House, Salcombe	1st & 3rd Wed.
Seaton	.... Women's Institute, Seaton	2nd & 4th Thurs.
Sidford	.... Reading Room, School Street, Sidford	Alt. Weds.
Sidmouth	.... Woolacombe House, Sidmouth	Fridays
South Molton	.... 99 East St., South Molton	Thursdays
South Brent	.... Church Hall, South Brent	1st & 3rd Tues.
Stoke Gabriel	.... Mens Club, Stoke Gabriel	1st & 3rd Thurs.

Tamerton	....	Church Hall, Tamerton	....	2nd & 4th Wed.
Tavistock	....	Parish Church Hall, Tavistock		Fridays
Teignmouth	....	St. James Rooms, Teignmouth		Mondays
Tiverton	....	Rock Close, St. Andrew Street, Tiverton	....	Wednesdays
Topsham	....	Memorial Hall, Topsham	....	2nd & 4th Thurs.
Torquay	....	Methodist Church Sch., Market Street, Torquay	....	Tuesdays
Torquay	....	Barton School Clinic, Torquay		Wednesdays
Torquay	....	Belgrave Cong. Ch., Tor Hill Road, Torquay	....	Fridays
Torquay	....	Furrough Cross Cong. Church, Babbacombe	....	Thursdays
Torrington	....	Church House, Torrington	....	1st & 3rd Thurs.
Totnes	....	Borough Park, Totnes	....	1st, 3rd. & 5th Mondays
Ugborough	....	Reading Room, Ugborough	....	2nd Tues.
Whimple	....	The Shack, Slewton, Whimple		2nd & 4th Thurs.
Winkleigh	....	Village Hall, Winkleigh	....	1st & 3rd Mon.
Witheridge	....	Cadet Hut, Witheridge	....	1st & 3rd Wed.
Woolacombe	....	Methodist Hall, Woolacombe	....	2nd & 4th Wed.
Yealmpton	....	Chapel Rooms, Yealmpton	....	2nd & 4th Tues.

Day Nurseries.

During the year three whole-time Nurseries were maintained continuously by the Council, as follows :—

	Whole-Time.			
	No. of places. 0/2 years.	No. of places. 2/5 years.	Average daily attendance	
Oakleigh Road, Barnstaple	15	25	33
Kingsley Road, Bideford	6	19	21
Exeleigh House, Tiverton	15	27	37

One whole-time Nursery was closed on 31.3.50 :—

Borough Park, Totnes	15	25	18
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Six part-time Nurseries were closed :—

<i>Part-time.</i>		<i>No. of places 0/2 years</i>	<i>No. of places 2/5 years.</i>	<i>Average daily attendance</i>
*Methodist School, Bridge St., Bideford	—	—	28	17
*The Rock, Ridge Hill, Dartmouth	....	—	40	24
*59, Rolle Road, Exmouth	....	—	50	31
*10 Exford Park, Ilfracombe	....	—	50	20
*The Hut, St. Paul's Churchyard, Newton Abbot	—	—	40	24
†129, Torquay Road, Paignton	....	—	40	32
* Closed 31.3.50.		† Closed 30.4.50.		

The number of children on the Registers at the end of the year was 26 aged 0/2 years and 77 aged 2/5, and the average daily attendance was 27 and 64 respectively, for the 3 Whole-time Nurseries which remain open.

Toddlers' Clinics.

There are 2 Toddlers' Clinics at present functioning in the County. These are at Teignmouth and Kingsbridge. They are under the supervision of the Assistant County Medical Officers and the Health Visitors and are doing excellent work.

SECTION 23—MIDWIFERY.

Under this Section the total staff employed by the County Council on Midwifery and Home Nursing was as follows :—

- 1 County Nursing Superintendent.
- 1 Deputy County Nursing Superintendent.
- 2 Assistant Nursing Superintendents.
- 1 Superintendent of Midwifery Training Home, Torquay.
- 146 Full-time joint Midwives and General Nurses of which 20 are County Staff Sisters.
- 11 General Nurses.
- 7 Full-time Midwives.

Headquarters staff consists of a County Nursing Superintendent ; a Deputy County Nursing Superintendent and two Assistant Nursing Superintendents, one living at Northam and covering the north of the County, and the other post is vacant at the moment.

The following duties were carried out by the Headquarters Staff during the year :—

Inspections of Midwives .....	.....	290
Inspections of Nurses .....	.....	286
Special visits .....	.....	378
Days on Relief Duty .....	.....	51
Investigations of Still-births .....	.....	43
Meetings attended .....	.....	182
Interviews in the Office .....	.....	26
Visits to Midwives in Hospital .....	.....	16

In the County the work is carried out by the 153 domiciliary midwives employed by this authority ; 7 being engaged on whole-time midwifery duties and the remaining 146 undertaking combined midwifery and home nursing duties. During the year the following attendances were made :—

	<i>As Midwives.</i>	<i>As Maternity Nurses.</i>
Cases	2,026	884
Gas and air administered	821	300
Visits made	34,428	18,539
Ante-natal home visits .....	.....	25,840
Attendances at Ante-natal clinics .....	.....	1,797
Miscarriage visits .....	.....	1,495
Post-natal visits .....	.....	3,362

Analgesics.

The total number of Midwives in the County, not on the Staff of the County Council, qualified to administer analgesics was 63 and analgesics were administered by D.C.C. Midwives in 1,121 domiciliary cases. The number of County Midwives qualified to administer analgesics was 143 and 131 sets of apparatus were in use at the end of the year, compared with 133 qualified the previous year with 106 sets of apparatus. .

Midwives Acts 1902-1936.

Under the Midwives Acts the number of maternity cases attended by Midwives in the County was :—

	<i>Domiciliary Cases.</i>		<i>Cases in Institutions.</i>		<i>Total.</i>	
	<i>As Midwives.</i>	<i>As Mat'y Nurses</i>	<i>As Midwives.</i>	<i>As Mat'y Nurses</i>	<i>As Midwives.</i>	<i>As Mat'y Nurse</i>
Midwives employed by Local Authority	1,863	884	—	—	1,863	884
Midwives employed by Hospital Management Committees	—	—	—	3,285	—	3,285
Midwives in private practice	29	26	174	641	203	667
TOTAL	1,892	910	174	3,926	2,066	4,836

Notifications of Intention to Practice.

During the year the following notifications of Intention to Practice were received :—

Devon County Midwives .....	.....	175
Hospital and Institutional Midwives .....	.....	107
Private Midwives .....	.....	118
TOTAL .....	.....	400

Motor Conveyance.

132 Midwives are supplied with cars and 2 with autocycles.

21 Midwives use their own cars.

Equipment.

All Midwives in the County are supplied with Midwifery bags (2) and a general nursing bag, and in addition some of the nurses have a loan cupboard to supply patients with all the necessary equipment for home nursing. 55 sphygmomanometers and stethoscopes were in use at the end of the year.

Post Graduate Courses.

During the year 16 Midwives attended Post Graduate Courses under the County Council training arrangements.

Notifications under C.M.B. Rules.

During the year the following notifications were received :—

Maternal Deaths (In Hospital)	....	4
Infant Deaths	....	26
Stillbirth	....	109
Artificial Feeding	....	369
Laying out of a dead body	....	19
Requesting Medical Aid	....	646
Liability to a source of infection	....	40

Fees paid to Medical Practitioners.

During the year 78 claims were received from practitioners for services rendered under the Emergency Medical Service of the Midwives Act, 1936, as compared with 152 in 1949.

Part II Training Home.

The Part II Training Home at Thurlow House, Torquay, has trained 3 pupils during the year.

Provision for Maternity Care.

Institutional Accommodation.

Arrangements for the institutional accommodation of women who were found to have an abnormal condition, having unsuitable accommodation for confinement at home, suffering from puerperal fever or pyrexia or suffering from venereal disease are made by the Regional Hospital Board.

Consultant Services.

The Regional Hospital Board make arrangements for consultants to see patients at hospitals, maternity homes and in their own homes, at the request of the medical practitioner. The services of a Consultant may be obtained by any general medical practitioner applying direct to the nearest hospital.

SECTION 24—HEALTH VISITING.

The number of Health Visitors on the County staff at December 31st was 42, and the County is divided so that each Health Visitor has her own area. They provide their own cars and receive the County Council allowance for travelling. In addition to their duties as Health Visitors they are employed as School Nurses, the proportion of time allocated being 70% health visiting and

30% school nursing. The Health Visitor, in addition to home visiting, acts as tuberculosis visitor, and also undertakes certain duties relating to the inspection of homes at the request of the Children's Officer.

A summary of the work undertaken by the Health Visitors during 1950 is as follows :—

Expectant mothers	....	1st. visits	2,117
" "	....	re-visits	3,552
Children under 1 year	....	1st. visits	7,454
" "	....	re-visits	36,727
Children 1-5 years	....	1st. visits	376
" "	....	re-visits	38,714
Other classes	....	Total visits	4,551

Post Graduate Courses.

During the year 10 Health Visitors attended Post Graduate Courses held in London under the Devon County Council arrangements; of these, 3 attended a special course on tuberculosis in children and the use of B.C.G.

SECTION 25—HOME NURSING.

It is the duty of the local health authority to provide nurses to attend persons who require nursing in their own homes.

There are 11 whole-time home nurses, 4 part-time, and 154 who combine home nursing and midwifery duties. The number of cases attended during the year was 17,605 general cases, and the number of visits paid was 313,698.

Applications for their services may be received from :—

- (1) *Doctors*, for treatment that has to be carried out at home or for patients who are confined to bed and need nursing care and attention.
- (b) *Hospital Almoners*, for patients who need dressings or nursing care after being discharged from hospital.
- (c) *Patients*, who need advice, or to be referred to a doctor.

Post Graduate Courses.

Four nurses have attended post graduate courses during the year.

SECTION 28—PREVENTION OF ILLNESS, CARE AND - AFTER-CARE.

Under this Section, local health authorities may, with the approval of the Minister, make arrangements for the prevention of illness, and for the care and after-care of sick or mentally defective persons, and are required to make arrangements to such extent as the Minister directs. At present, the Minister has only issued directions that arrangements be made by local health authorities for the purpose of preventing tuberculosis and for the care and after-care of persons suffering from tuberculosis. Local health authorities are also required to consider the desirability of making arrangements under Section 28 with regard to persons suffering from any other kind of illness.

In accordance with the directions of the Minister of Health, arrangements have been made for the care and after-care of tuberculous persons to be undertaken by Specialists at the Chest Clinics (whose services are now shared by the Local Health Authority and the Regional Hospital Board), the Health Visitors and Occupational Therapists.

Details of the work undertaken under this Section are given earlier in the report under "Tuberculosis."

During the year numerous requests have been received from patients discharged from hospital for the loan of equipment under this Section of the Act. Wherever possible the items required have been loaned by the British Red Cross Society from their Loan Depots in various parts of the County. However, where the loan is to be of very long duration this Society has not been prepared to deplete their stocks for an indefinite period. In cases of this nature, equipment has been purchased and loaned to the patient direct from the central Loan Depot which has been established at my office. The main items from this depot have been Air/Water Beds for the use of paraplegics and crutches for the use of persons who are permanently incapacitated.

B.C.G. (Bacillus Calmette-Guerin) Vaccination.

It is known that the human body possesses considerable "native resistance" to tuberculosis in varying degrees. However, where this resistance is low, in an endeavour to increase it or provide an "acquired resistance," the above vaccine has been produced. This vaccine is manufactured in Copenhagen and as the potency is shortlived, weekly consignments are obtained by air to meet the needs of the vaccinations arranged to take place in the week concerned.

In May, 1950, I received Memo 322/B.C.G. from the Ministry of Health informing me that supplies would be released at the outset for the following purposes :—

- (1) To offer B.C.G. vaccination to hospital nursing staffs and medical students.
- (2) To make B.C.G. vaccination available to Chest Physicians for trial on family contacts.

The first part of the scheme would, of course, be carried out by the Regional Hospital Board, whilst the second part would be operated by the Chest Physicians under the Prevention, Care and After-care Scheme of the County Council.

Vaccination of family contacts began during the year. The routine adopted in the case of children was as follows :—

- (1) It was first ensured that the source of infection was removed from the home or the child suitably segregated. In some cases it was considered unnecessary to segregate the child as the original source of infection had become inactive.

In this connection, Dr. R. L. Midgley, the Medical Superintendent of Hawkmoor Sanatorium, gave priority for the admission of infectious cases in order to facilitate the vaccination of the contacts. Where this was not possible or considered inadvisable, the child was segregated by admission to Oaklands Park, Dawlish.

- (2) The contact was tested by means of the T.B. jelly test and the Mantoux test to ascertain the strength of the "native resistance."

The following are reports made to me by Dr. R. L. Midgley and the Chest Physicians on the operation of the Scheme in their own particular area.

Exeter Area — Dr. G. E. Adkins.

B.C.G. vaccination in East Devon commenced at the end of May, 1950, when 10 "contact" children were done. By the end of the year a total of 33 contacts had been vaccinated. They were selected, in the first place, from those where the sputum positive parent was away in sanatorium. In other cases segregation has been achieved by sending children to relatives or to Oaklands Park, but there is no accommodation for children below

school age, and parents are not keen on sending them to foster parents. In two cases vaccination has been done with the sputum positive case still in the house, after explaining the position to the parents. Segregation has not been carried out when the case is known to be sputum negative and may reasonably be expected to remain so for the covering period.

In all cases successful mantoux conversion has been obtained. In smaller children the "jelly" test has been used both for selecting and testing the conversion. Local reactions at the injection site have been well marked and one case has developed an enlarged axillary gland.

In addition, 39 nurses have been B.C.G. vaccinated. The percentage of tuberculin negative student nurses below the age of 20 has been much higher than expected—about 40%.

As a result of the first six months' experience, B.C.G. vaccination has now become an established part of the tuberculosis prevention scheme, but the children for which it is desirable and suitable have been considerably less than was expected.

Plymouth Area — Dr. W. E. B. Lloyd.

At the beginning of the campaign for vaccination against tuberculosis it was evident that we should concentrate on those groups of individuals who were known to be at risk of infection, namely, (1) hospital nurses and (2) children in families where there was known to be open phthisis.

Nurses. All the nurses in all the hospitals under the Torquay District Hospital Management Committee were offered tuberculin tests as a preliminary. I myself undertook the testing in Torbay Hospital, Rosehill Hospital and Kings Ash; testing in all 106 nurses. The other hospitals were dealt with by the physician in charge of the nurses' health. All the Mantoux negative nurses were offered the opportunity of having B.C.G. vaccination. The response to the invitation to be tuberculin tested was a long way from being complete and not all the Mantoux negative nurses asked for B.C.G. In all 8 nurses at the Torbay Hospital were successfully vaccinated. Other nurses who were Mantoux tested this year are being vaccinated in 1951. The nurses in the hospitals in the Plymouth clinical area were not included in the scheme organised from Torquay.

Children. It was thought advisable to start on children whose infectious parents were in the sanatorium. In this way the problem of segregating the children during the preliminary period and the six weeks following the vaccination automatically solved itself. Where the infectious parent was at home arrange-

ments were made to send the children away to relatives or, in cases where this was impossible, to Oaklands Park. In all 37 children were vaccinated in 1950.

Barnstaple Area — Dr. A. J. McMillan.

In the North Devon area, B.C.G. vaccination was started in June, 1950. The routine adopted in the case of children was as follows :—

- (1) It was first ascertained that the source of infection was removed from the home or the child suitably segregated. In a number of cases it was considered unnecessary to segregate the child as the original source of infection had become inactive.
- (2) A preliminary T.B. Jelly Test (Allen and Hanbury Tuberculin) was made, and if the result was negative the child was instructed to attend the Chest Clinic in 6 weeks' time for preliminary Mantoux testing according to the routine carried out at the hospital for Sick Children, Great Ormond Street, as under (3).
- (3) (a) The child attended the Chest Clinic on Monday and a Mantoux 1/1000 test was made.
 (b) The child attended on Wednesday for reading the result of this test and if negative, a Mantoux 1/100 was made.
 (c) The child attended again on Saturday for reading of the Mantoux 1/100 test and if negative, was vaccinated in the thigh with B.C.G. 1 cc. vaccine.
- (4) After an interval of 2 months, the child attended the clinic again for inspection of site of vaccination and classification of reaction, and had a final Mantoux test 1/1000 the result of which was read in 48 hours. In the case of the Nursing Staff of the hospital, the routine was slightly modified.

All nurses on entering the hospital Preliminary Training School are examined, X-rayed and Mantoux 1/1000 tested at the Chest Clinic. The negative reactors are kept from duty in the wards in which there is a possibility of an active case of tuberculosis until Mantoux converted.

If the preliminary Mantoux test has been made within two months, the nurse attends for a further Mantoux 1/100 test and if this is negative she is vaccinated with B.C.G. 1 c.c. and Mantoux retested 6 weeks later.

During the year 1950, 62 children and 1 adult were vaccinated.

Children.

	AGE GROUPS			Total
	—1 to 5	5 to 10	10 to 15	
Boys	8	9	21
Girls	22	13	41
Total	<u>30</u>	<u>22</u>	<u>62</u>

<i>Segregation.</i>	Source of infection segregated	..	9
	Source of infection deceased	..	6
	Source of infection inactive	..	47

Reaction.

At site of vaccination, the average reaction was a vesicle varying 5 mm to 10 mm.

The average reaction of post vaccination Mantoux 1/1000 test was 10 mm erythema with some induration.

Hawkmoor Sanatorium — Dr. R. L. Midgley.

I have not myself operated any B.C.G. vaccination scheme but have intimated that I am willing to give priority for the admission of infectious cases to the Sanatorium, in order to facilitate the vaccination of the contacts. I feel that this is the right way to carry out the segregation because, at the same time as the contact is being vaccinated, the patient can receive treatment and instruction in precautionary measures so that, when vaccination is complete, the patient can return home improved in health and in the knowledge of how to be the least possible danger to his household. Mere removal of the contacts to a children's home or elsewhere does nothing to deal with the source of infection, and much of the value of the scheme is therefore lost.

SECTION 29—DOMESTIC HELP. (Home Help Service).

Under this Section of the Act the County Council is given authority to provide domestic help for "households where such help is required owing to the presence of any person who is ill, lying-in, an expectant mother, mentally defective, aged or a child not over compulsory school age within the meaning of the Education Act 1944," and "may, with the approval of the Minister,

recover from persons availing themselves of the domestic help so provided such charges (if any) as the Authority consider reasonable, having regard to the means of those persons."

Arrangements are made with the Women's Voluntary Services to provide a Home Help Service at :—

Axminster	Honiton	Tavistock
Barnstaple	Kingsbridge	Tiverton
Bideford	Newton Abbot	Totnes (Urban area)
Brixham	Paignton	Totnes (Rural area)
Dartmouth	Seaton	

The remainder of the County area is covered by application direct to the Medical Department and referred to the Health Visitors and District Nurses for supervision.

On the 31st December, 4 full-time and 176 part-time Home Helps were employed by the County Council, and all other Home Helps were engaged on a case basis.

During the year the following 1,058 cases have been dealt with :—

	Maternity	Tuberculosis	Other	Total
Areas operated by W.V.S.	169	25	382	576
All other areas	285	25	172	482
TOTALS	454	50	554	1,058

SECTION 26—VACCINATION AND IMMUNISATION.

Vaccination against Smallpox.

As from the 5th July, 1948, the Vaccination Acts which made vaccination compulsory ceased to operate, but the provision of vaccination facilities became the responsibility of the Local Health Authority.

During the year the vaccinations undertaken are as set out below :—

	Under 1 year	Over 1 year	Re- vaccination	
Undertaken by Assistant County Medical Officers	461	74	20	
Undertaken by General Practitioners	2,284	706	1,300	} = 4,845

Diphtheria Immunisation.

Under the National Health Service Act, 1946, immunisation became the responsibility of the County Council.

The numbers of children dealt with under the Health Committee's scheme were as follows :—

	<i>Primary.</i>			
	<i>Pre-School Children.</i>	<i>School Children.</i>	<i>Reinforcing Injections.</i>	
Undertaken by Assistant County Medical Officers	1,504	399	4,878	
Undertaken by General Practitioners	2,956	173	410	} = 10,320

SECTION 27—AMBULANCE SERVICE.

Organisation.

On 1st January, the five Stations operated by the County Fire Service were transferred to Voluntary Organisations, thus, all the (32) Ambulance Stations in the County are now operated under Agency Agreements.

A new Station at Plympton, will be opened by the British Red Cross Society on 1st January, 1951, with three ambulances and four whole-time drivers.

Ambulances.

Nine new ambulances, five of standard design and four Utilecon type, have been ordered for next year (1951/2). These Utilecons have proved effective for short journeys in Cornwall where a large number are now in use ; their virtue lies in their comparatively low horse-power, and cost of maintenance. Many other Counties are using them for out-patient sitting cases. Their capacity is one stretcher or five (retractable) seats.

Kingsbridge Ambulance Station have been using a Utilecon for some six months and are highly satisfied with its performance.

Maternity Packs.

At the suggestion of the Minister of Health, two " Maternity Packs " have been issued to each Ambulance Station for use when births occur in ambulances. The replacement figure is about one per month throughout the County.

Sitting-Case Vehicles.

There has been a distinct reduction since June, 1950, in the number of sitting case cars that have been ordered. The monthly average mileage for the year is 90,000. Doctors and Hospitals

have again been urged to reduce their requirements to a minimum.

There are still gaps in the administration on which advice has been sought. For example, a directive has been given to the National Assistance Board to refuse payment for transport, other than public transport, to persons who have to attend Hospitals but who are capable of travelling by ordinary means. There are, however, cases of persons living in remote areas, (distant from bus or rail services) for whom it is frequently necessary to provide sitting-cars since, otherwise, they would be unable to attend for treatment.

This anomaly has been raised both to the Minister and to the County Councils Association, but no solution is as yet evident.

Expenditure.

Wages of whole-time personnel is the chief item of expenditure, and were raised (on November 26th) by 5%. This is the second time since July, 1948, that wages have risen. The basic wage for a first-aid-qualified driver is now £6 1s. 6d. and with overtime the average wages paid is £8 10s. 0d. per week.

The rising costs in other material and accessories have been, to some extent, foreseen, and bulk purchases of such items as blankets and tyres have been made in anticipation of requirements.

Efforts have been made during the year to determine the amount lost by misuse of the Services. It can safely be said that this amount is negligible, being less than 1/10th per cent of the total. Nevertheless the fact still remains that the determination of "need" rests with the medical practitioners and Hospitals and no amount of checking can change what are essentially matters of opinion.

Civil Defence.

Civil Defence has raised a new series of problems and a specially qualified Officer has been attached to the Ambulance Section to deal with them.

Owing to the fact that, operationally, there is no central control of the Ambulance Service in this County, some difficulty is being experienced in applying practically the directions issued by the Minister. As an example the Hospital Car Service, which plays such a large part in providing sitting transport, may be disbanded in war. We are still awaiting a decision on this point.

Statistics.

The mileage for all transport during the year has been :—

	<i>Miles.</i>	<i>Journeys.</i>	<i>Patients.</i>
Ambulances	.... 436,871	22,633	23,909
H.C.S. ....	.... 1,049,684	30,214	44,933
Hired Cars	.... 165,782	7,066	7,433

533 patients were carried by rail.

The following figures may be of interest :—

On an average :

- (i) More than one in eight of the whole of the County population travelled by medical transport ;
- (ii) Each patient travelled 25 miles ;
- (iii) Almost exactly two patients travelled by car for every one by ambulance ; and
- (iv) There were 1.2 patients per journey by ambulance and 1.5 patients per car.

SECTION 51—MENTAL HEALTH SERVICE.

The duties of the Local Authority under the National Health Service Act, 1946, concerning mental health are :—

“Mental Treatment. The appointment of officers duly authorised to take initial proceedings in providing care and treatment for persons suffering from mental illness (Sections 14, 15, 16, 20 Lunacy Act, 1890 and Sections 5 (2) and 17 of the Mental Treatment Act, 1930 as amended by the National Health Service Act, 1946).

Mental Deficiency. The duty of ascertaining what persons in the area are defectives ; providing suitable supervision or taking steps to secure that the defectives are placed under institutional care or guardianship ; and securing training or occupation for those not in institutions. (Sections 30 (a), (b), (c.c) and (d), Mental Deficiency Acts, 1913-1938).

Generally. The power and, to the extent that the Minister directs, the duty to make arrangements for the Prevention of illness, Care and After-Care of persons suffering from mental illness or defectiveness. (Section 28, National Health Service Act, 1946). ”

In accordance with the Ministry of Health Circular 112/50 this report gives information on the following matters :—

(i) *Administration.*

- (a) Constitution and meetings of Mental Health Sub-Committee. The Mental Health Sub-Committee consists of 12 members of the Health Committee being members of the County Council and 3 persons nominated by the Devon and Exeter Association for Mental Health.
- (b) Number and qualifications of staff employed in the Mental Health Service (Medical Officers and Social Workers, Duly Authorised Officers, Child Guidance Clinics Staff, Occupation Centre Supervisors, Home Teachers).

Medical Adviser in Mental Health.

Dr. H. Scott Forbes, County Psychiatrist, left the services of the County Council on the 8th January, 1950.

Christina J. McLeay, M.B., Ch.B. (Edinburgh), commenced duties on the 1st February, 1950.

Psychologist.

Miss A. M. Silver, M.A. (London).

Senior Psychiatric Social Worker.

Miss S. A. Abley. (Mental Health Certificate).

Senior Social Worker in Mental Deficiency.

Miss J. H. MacMichael.

Social Workers in Child Guidance.

Miss F. M. Dickinson (Part-time) (Diploma of the School of Sociology).

Mrs. J. M. Hogg. Granted twelve months leave of absence, without pay, with effect from 1.9.50, to enable her to study for the Certificate in Mental Health, and to qualify as a Psychiatric Social Worker.

Mr. A. D. Thorne, B.Sc. (Econ.) (Temporary) commenced duties 11.10.50.

Social Workers in Mental Health and Duly Authorised Officers.

NAME.	AREA.
Mr. G. A. J. Cheesley.	N.E. Devon.
Mr. N. S. Coombs.	E. Devon.
Mr. W. J. Gliddon.	Torbay.
Mrs. E. N. Hawes, (Diploma in Social Administration).	E. Devon.
Miss M. Pennington (Diploma of Social Science).	S. Devon.
Mrs. S. C. Sands, B.A.	N. Devon.
Mr. J. W. Stacey.	Newton Abbot.
Mr. H. S. Smith.	S. W. Devon.
Mr. D. J. Winter.	N. W. Devon.

Mr. Brain who was a Part-time Social Worker in Mental Health and Duly Authorised Officer in the Torbay area terminated his duties with the Mental Health Section on the 31st December, 1950. He has been transferred whole-time to the Welfare Department and commenced duties on the 1st January, 1951. Mr. Gliddon has taken over Mr. Brain's area in addition to his own and office accommodation has been obtained for him at the "Whim," Midvale Road, Paignton.

Mrs. Lawrence terminated her employment as Social Worker in Mental Health on the 7th September, 1950.

By decision of the Economy Committee neither of these two workers are to be replaced at present.

Home Teachers.

Miss B. M. Dunstan.	S. Devon.
Miss M. A. Bartlett.	Mid & E. Devon
Miss D. Chesnutt.	N. Devon.

Miss D. Preddy, N. Devon, terminated her employment as Home Teacher on the 17th July, 1950, and Miss D. Chesnutt was appointed in her place and commenced duties on the 17th July, 1950.

Occupation Centre Supervisors.

Mrs. E. V. Adams	Barnstaple.
Mrs. W. Ball	Torquay.
Miss O. F. Evans	Plymstock (Commenced duties on the 17th July, 1950).

Occupation Centre Assistant Supervisors.

Miss M. Adams.	Barnstaple (Commenced duties on the 1st July, 1950).
Miss M. K. Kenneally.	Torquay.
Miss J. Lean.	Plymstock (Commenced duties on the 11th December, 1950).

Miss S. Strode terminated her services with the Plymstock Occupation Centre on the 1st December, 1950, and Miss J. Lean was appointed in her place.

The Occupation Centre run by the Exeter City Council, to which it was provisionally arranged to send some County cases from nearby, opened on the 4th September 1950, and 5 County cases were in attendance at the end of the year.

- (c) Co-ordination with Regional Hospital Boards and Hospital Management Committees. (Joint use of Officers; supervision of patients on trial or on licence from Mental Hospital and Institutions for Mental Defectives, etc.)

There are no joint user arrangements as such with the Regional Hospital Boards and the Hospital Management Committees, but close co-operation exists.

As formerly, Social Workers in Mental Health continue to obtain Social Histories of patients admitted to the various Mental Hospitals in the area, and copies are sent to the Medical Superintendents concerned. Histories are also provided of Devon patients admitted to Mental Hospitals in other parts of the country. Patients leaving hospital "On Trial" are kept in touch with, and reports on their condition and progress are forwarded to the individual hospitals. All patients are visited after they have left hospital irrespective of their previous classification under the Lunacy or Mental Treatment Acts, and copies of the workers' reports are sent to the various Medical Superintendents. By arrangement, certain patients are taken to Psychiatric Out-Patient Clinics.

Joint Usership re Mental Deficiency.

In a few cases the Social Workers supervise patients on licence from Certified Institutions in other hospital groups not in the South West Region, but all long term licence

cases are dealt with by the Social Welfare Department at the Royal Western Counties Institution, Starcross. The Local Authority co-operate with the Royal Western Counties Institution Hospital Group in reporting on the home conditions of patients going on holiday.

(d) Duties delegated to Voluntary Associations.

The County Council agreed that the Devon and Exeter Association for Mental Health should continue to run the Clubs for Mentally Defective women and girls at Barnstaple and Bideford, for a period of twelve months from the 1st October, 1950, and that a grant of £150 be made towards the cost. This was based on the estimated cost of £165 submitted by the Association, less 25% of the salary of the Supervisor. An interim grant of £20 was made to cover the period 13th June—30th September, 1950.

(e) Whether arrangements have been initiated for the training of Mental Health Workers.

The Trainee Social Worker in Mental Health who commenced duties on the 1st May, 1949, resigned his post on the 31st December, 1950, but is to be replaced.

(ii) *Account of work undertaken in the community.*

- (a) Under Section 28, National Health Service Act, 1946 ; Prevention, care and after-care.
- (b) Under the Lunacy and Mental Treatment Acts, 1890-1930, by duly authorised officers.

For figures see tables :

No one worker is employed solely as a Duly Authorised Officer but all the Social Workers work together as a team, take the necessary action with regard to admissions to hospitals or institutions, and cover all duties with regard to community care. It is usual for the worker who arranges admission to be the one who keeps contact with the patient on his return to community life.

During the year there has been an increasing demand

for help in the disposal of elderly persons needing care, and in some cases, medical attention. As more suitable accommodation becomes available for this type of patient, so, more time can be used for preventive work.

It will be seen from the following tables that there has been a steady expansion in the work throughout the year. In the previous year, 780 visits were made in connection with admissions to hospital, whereas this year 900 were made for this purpose. It will be noted that of the total number of admissions to hospital, a higher proportion were received as temporary and voluntary patients. The number of patients receiving After-Care has risen and visits made have increased from 1,800 to 2,685. The total number of visits made in this side of the work was 4,602. It will be noted that the demand for advice has increased. This is welcomed, and it is hoped that action has been taken early enough to prevent breakdown. With regard to After-Care, much is being done towards the satisfactory resettlement of the patient. Wherever desirable the Social Worker acts as a temporary bridge between the patient, his treatment, and his re-assimilation in the life of the community. Close co-operation is maintained with medical practitioners, and everything possible is being done with regard to the physical health of the patient as well as the relief of strain and tension with a view to regaining self-confidence and the ability to manage his own affairs.

Mental breakdowns are usually associated with tangled personal relationships, and the worker cannot avoid becoming involved in marital disharmony, difficulties with relatives and fellow employees. Thus, it is necessary, not only to assist patients personally in every way, but also to act as an interpreter of the patient and his needs to those with whom he comes in contact.

It has become increasingly clear that there is urgent need in the South West for a particular type of Convalescent Home, where patients who are not quite ready for full community life, can have the opportunity, under skilled care and attention, of taking part in the life of a small group.

- (c) Under Mental Deficiency Acts, 1913-1938.
- (i) Ascertainment, including number of defectives awaiting vacancies in Institutions at the end of the year.
Ascertainment examinations are carried out by the Medical Adviser in Mental Health and the Assistant County Medical Officers who have been approved for this purpose.
The number of Defectives awaiting vacancies in Institutions at the end of the year amounted to 59.
- (ii) Guardianship and Supervision.
There are a total of 35 Guardianship Cases who are supervised by the Social Workers in Mental Health and visited annually by the Medical Adviser in Mental Health, in accordance with Section 76 (1) of the Mental Deficiency Regulations, 1945, and 227 patients under Statutory Supervision and 345 under Voluntary Supervision who are also visited. It should be pointed out that very often more visits have to be paid to those cases under Voluntary Supervision in order to help them to adapt themselves in the community and stay in employment.
- (iii) Training.
As will be seen from the following tables the number of lessons given by the Home Teachers has increased by 166 from the numbers given in the previous annual report. Home Teachers instruct all suitable cases under Supervision, both Adult and Children.
The numbers attending the Occupation Centres have nearly doubled during the year, this is accounted for by both Torquay and Barnstaple increasing their numbers and the opening on the 7th September, of the new Devon County Occupation Centre at Plymstock, and the Exeter City Occupation Centre at Exe Island, Exeter, where some County cases are in attendance. The opening of the Plymstock Centre has provided a long felt need and is much appreciated by the parents. As this Centre serves a rural area there were many difficulties to be overcome before the initial opening. Christmas parties were held at each of the Occupation Centres to which parents and those interested were invited.

Lunacy and Mental Treatment Acts.

The following information indicates the manner in which patients have been dealt with under the Lunacy and Mental Treatment Acts, during the year :—

Certified Cases (Section 16 Lunacy Act, 1890)	....	....	274
Voluntary Cases (Section 1—Mental Treatment Acts, 1930)	....	....	358
Temporary Cases (Section 5—Mental Treatment Acts, 1930)	....	....	24
Urgency cases	....	....	1
Total admissions to Hospitals	....	....	657
Total number of visits involved	....	....	900
Patients returned from leave of absence	....	....	110
Patients returned from absence without leave	....	....	8
Patients returned from On Trial	....	....	3
Patients re-classified	....	....	8
Patients left Hospital :	....	....	395
,, ,, ,, On trial	....	....	48
,, ,, ,, On trial during leave of absence	....	....	2
,, ,, ,, On leave	....	....	126
,, ,, ,, Absent without leave	....	....	11
Patients transferred to other Hospitals	....	....	11
Died	....	....	151
After care : Number of new cases seen by Social Workers after discharge from Hospitals	....	....	303
Total number of visits made during year	....	....	2,685
Total number of cases receiving after-care at the end of the year	....	....	486
Number who attended Psychiatric Clinics	....	....	168
Advisory cases at end of year	....	....	54
Visits : Admissions to Hospitals	....	....	900
After-care following discharge	....	....	2,685
Others	....	....	1,017
Total number of visits made	....	....	4,602

Mental Deficiency Acts.

The following information indicates the manner in which patients have been dealt with under the Mental Deficiency Acts during the year :—

Place of Safety Certificates issued	....	....	....	33
Petitions presented and Orders made	....	....	....	53
Total detained under Place of Safety Order	....	....	....	3
Discharged from Acts	....	....	....	24
Deaths	....	....	....	22
Transfers	....	....	....	7

Notifications by Education Committee :—

Section 57(3) of the Education Act, 1944	....	....	25
Section 57(4) of the Education Act, 1944	....	....	2
Section 57(5) of the Education Act, 1944	....	....	38

Guardianship Cases :

Devon County Council (In County)	....	24
Devon County Council (Out County)	....	4
Belonging to other authorities residing in the County of Devon and supervised by the County Medical Officer	....	7

On the 31st December, 1950, the total number of cases under Order including Guardianship cases and patients "on licence" from Institutions amounted to 1,025
(524 males, 501 females)

Number of cases of all types examined by Dr. Christina J. McLeay, Medical Adviser in Mental Health	....	265
Number of patients placed under Statutory Supervision	....	42
Transfers accepted from other Authorities and re-classifications	....	24
Number of patients removed from Statutory Supervision	....	22
On 31st December, 1950, the total number of patients under Statutory Supervision amounted to	....	227
Total number of visits to all types of Defectives	....	2,808
On 31st December, 1950, the total number of patients under Voluntary Supervision amounted to	....	345
Number of patients awaiting vacancies in Institutions	....	59

Number of cases attending Occupation Centres :

Torquay	....	....	15
Barnstaple	....	....	20
Plymstock	....	....	8
Exeter	....	....	5

Number of pupils receiving Home Teaching	....	....	120
Total number of lessons by Home Teacher	....	....	1,773

Child Guidance Clinics.

*Barnstaple	113, Boutport St., Barnstaple	Wednesdays 10 a.m. to 4.30 p.m. (by appointment).
Torquay	Castle Road, Torquay	Mondays & Thursdays, 10 a.m. to 4.30 p.m. (by appointment).
Exeter	Alice Vlieland Clinic, Bull Meadow Road, Exeter.	Fridays 10 a.m. to 4.30 p.m. (by appointment).

* Clinic temporarily suspended as from 1st July 1950, owing to lack of staff.

Attendances at Child Guidance Clinics during the year :—

		New Cases seen.	Attendances for re-exam. and treatment.
Barnstaple Clinic ....	....	24	5
Torquay Clinic ....	....	80	374
Exeter Clinic ....	....	59	262
	TOTALS	163	641

Cases under care and treatment in three hostels for Mal-adjusted children on 31.12.50	....	....	....	27
Crichel Hostel, Totnes	....	6		
Morton Crescent, Exmouth	....	8		
Crownwell Hostel, Shaldon	....	13		
Admissions to Hostels	....	....	....	27
Discharges from Hostels	....	....	....	35
Number of Cases examined in the Remand Homes	....			86
Ashburton Remand Home	....	67		
Pinhoe Remand Home	....	29		

HANDICAPPED PUPILS AND SCHOOL HEALTH SERVICES REGULATIONS, 1945.

During the year, the following Ascertainment examinations and recommendations have been sent to the Chief Education Officer, on Form SH/97/MH :—

Educationally Subnormal	....	....	....	....	130
Maladjusted	....	....	....	....	56

On 31st December, 1950, the number of pupils in Residential Special Schools were :—

Bradfield House, Cullompton	....	....	(Boys)	30
Withycombe House, Exmouth	....	....	(Girls)	7
Courtenay Special School, Starcross	....	....	(Boys)	5

Number of cases recommended to the Education Committee for Report to the Local Authority :—

Under Section 57 (3) of the Education Act, 1944	....	30
Under Section 57 (4) of the Education Act, 1944	....	4
Under Section 57 (5) of the Education Act, 1944	....	39

Cases actually reported by Education Committee to the Local Authority :—

Under Section 57 (3) of the Education Act, 1944	....	25
Under Section 57 (4) of the Education Act, 1944	....	2
Under Section 57 (5) of the Education Act, 1944	....	38

CHILDREN NEGLECTED OR ILL TREATED IN THEIR OWN HOMES.

A Circular has been received from the Home Office, Ministry of Health and Ministry of Education which calls attention to the statement on the above subject which was recently made in Parliament. After pointing out that cases of child neglect may arise from a variety of causes, including ignorance or over-work on the part of the mother, bad housing, ill-health, mental sub-normality, etc., it goes on to enumerate the services which already exist to deal with this problem. Summarised, they are as follows :

- (i) Arrangements under the National Health Service Act for the care of expectant and nursing mothers and of children under school age.
- (ii) The Health Visiting Service.
- (iii) The Service of Care and After-Care, including the Mental Deficiency Service.
- (iv) The Home Help Service.
- (v) The Welfare Service in relation to old people.
- (vi) The School Attendance Officers.
- (vii) The general services of the Education Department, including instruction in housecraft and mothercraft and leisure time facilities for school children.
- (viii) The service provided by the Children's Department.

In addition, the National Assistance Board, voluntary societies such as the N.S.P.C.C., the Probation Service, Housing Authorities and the Police would be interested in the same subject.

In view of this, a meeting of all Chief Officers concerned was held, and having considered all the facts they considered that the appropriate officer to be designated co-ordinating officer was the Chief Education Officer. Arrangements were made for meetings to be held, as occasion arises, at Exeter, Barnstaple, Torquay, and Plympton at which not only officers of the County department would be asked to attend, but also representatives of Voluntary Associations, Housing Authorities, and other statutory bodies.

Information regarding cases coming to the notice of any officer on the Council staff is to be submitted to the Chief Officer of that department, who in turn, will forward full particulars to the co-ordinating officer to be recorded in the central register, and the contents of which would be strictly confidential.

The setting up of a central register, and the appointment of a co-ordinating officer did not supercede any existing arrangements, and merely provided an additional source of reference to field workers. The co-ordinating officer, although he would not at present initiate action would act as agent, and would co-ordinate the existing activity. Should an official meet a case of real or suspected neglect he would request information as to whether or not the case was already known to the register, and if so, the enquirer would be informed of other officials most recently concerned.

A complete list of Social Workers in the County service has been distributed.

At the end of the year there were 12 cases on the central register.

VENEREAL DISEASES.

I give below figures in respect of Devon cases treated at the V.D. Clinics at Barnstaple, Exeter, Torquay and Plymouth under the jurisdiction of the South Western Regional Hospital Board :—

	<i>Males.</i>	<i>Females.</i>	<i>Total</i>
No. of In-patients admitted	29	13	42
No. of In-patients discharged	29	13	42
No. of new cases attending Out-patients Department	258	155	413
No. of cases discharged from Out-patients Department	287	180	467
 TOTALS	 603	 361	 964

WATER AND HOUSING, FOOD AND DRUGS, MILK.

The following is a summary of inspections carried out during the year by the County Sanitary Officers.

Rivers Pollution Prevention Act, 1876.

Visits of inspection	....	....	....	488
Visits to investigate complaints	....	....	....	91
Samples of river water	....	....	....	79

From the 1st January 1950 to the 30th September 1950, all rivers throughout the County were supervised by this Department and the County Sanitary Officers investigated cases of pollution when and as they were reported, and appropriate action was taken in an endeavour to prevent pollution.

On the 1st October 1950 responsibility for work under this Act was vested in the newly formed Devon Rivers Board, and Mr. T. R. James, County Sanitary Officer, was appointed to that Board as its Pollution and Fisheries Officer; Mr. James was therefore able to take with him the experience and knowledge of the rivers in the County accumulated during the twenty years on which he had been engaged in this work.

The effluents from milk factories, paper mills and cider works continued to present considerable difficulty, but considerable progress was made in eliminating these sources of pollution in several instances.

The scheme for laying a regional trunk sewer along the Culm and Clyst Valleys is still under consideration by the St. Thomas Rural District Council. The proposal is that the domestic sewage from the following villages, Clyst St. George, Ebford and Exton, Sowton, Clyst St. Mary, Bishops Clyst, Clyst Honiton, Broadclyst Station, Whimple, Pinhoe, Stoke Canon, Broadclyst and Poltimore, Bradninch, Cullompton, Willand, and the trade wastes from Messrs. Whiteway's Cider Factory at Whimple, Messrs. Reid and Smith's Paper Mills at Stoke Canon, Silverton and Cullompton, Messrs. Wiggins Teapes' Paper Mills at Hele, Messrs. Selwood's Tanneries at Cullompton, the two Slaughter Houses at Tiverton Junction, and the Duchess of Devonshire Dairy Co. Ltd. at Tiverton Junction, shall be dealt with in one common scheme. If this trunk sewer should materialize then a very considerable proportion of the existing pollution of rivers in the County will have been satisfactorily remedied.

Many Local Authorities are proceeding with the provision of improved sewage disposal systems, which is having a beneficial effect on the condition of the rivers. There are, however, still a

number of sewage disposal works in the County whose effluents are far from satisfactory ; the attention of the respective Local Authorities has been drawn to this fact and in almost every instance the construction of a more modern works is only a question of time, provided that the necessary consents are obtained from the appropriate Government Departments.

The pollution of a river by effluent containing cyanide salts from an engineering works engaged the Department's attention over a considerable period of time. The Proprietors co-operated to the utmost extent but there was a long delay before the necessary tanks and equipment could be installed to deal effectively with the cyanide effluent.

The ever increasing activity in the china clay industry has called for further consultations with the owners of various workings in order to overcome the danger caused to adjacent streams by the characteristic milky waste water from the mica beds and workings. Slight improvements have been effected but pollution still occurs.

Rural Water Supplies and Sewerage Act, 1944.

During the year this Department investigated all schemes submitted by Local Authorities to the County Council in connection with which grants were sought under provisions of the abovementioned Act. In many cases improvements or modifications were suggested.

All Ministry of Health Inquiries into such schemes were attended by this Department and evidence was given to the Ministry's Inspector where necessary.

This Act has already proved a great incentive to Local Authorities who are seeking to bring their water supply systems and sewage disposal schemes up to modern standards.

The position as regards piped water supply throughout the County continues to improve either through the activities of the North Devon Water Board or the South Devon Board (originally the Kingsbridge and Salcombe Water Board) ; it is anticipated that in 1951 another Water Board, namely the East Devon Water Board, will also come into existence. It is anticipated that this latter Board will largely cover the areas of the Honiton Borough Council, Honiton Rural District Council, Axminster Urban District Council, Axminster Rural District Council (except that portion already supplied by the Lyme Regis Water Company) and Ottery St. Mary Urban District Council.

WATER SUPPLIES.

<i>Local Authority.</i>	<i>Parishes of Areas Affected.</i>	<i>Estimated Cost.</i>
<i>Axminster Rural</i>	Extension to Dalwood	£6,350
<i>Honiton Rural</i>	Dunkeswell	£1,600
	Sheldon	£4,550
<i>Kingsbridge Rural</i>	East Prawle	£2,050
	Eastern Parishes	£67,526
<i>Ottery St. Mary, Urban</i>	Proposed Borehole	£5,000
<i>Plympton Rural</i>	Newton Ferrers	£5,588
	Contract No. 3.	£83,000
<i>St. Thomas Rural</i>	Exminster	£1,400
<i>Tavistock Rural</i>	Bere Ferrers	£1,184
<i>Tiverton Rural</i>	Hockworthy	£3,805
<i>Totnes Rural</i>	Brithembottom, Butterleigh and Bickleigh	£7,515
	Haberton	£6,300

SEWERAGE SCHEMES.

<i>Local Authority.</i>	<i>Parishes of Areas Affected.</i>	<i>Estimated Cost.</i>
<i>Kingsbridge Rural</i>	Blackawton	£7,896
	Stoke Fleming	£8,495
<i>Newton Abbot Rural</i>	Poundsgate	£1,000
<i>Okehampton Rural</i>	Sticklepath	£520
	North Tawton	£700
	Sandy Park, Drewsteignton	£3,595
	South Zeal	£5,020
	Chagford	£35,000
<i>Plympton Rural</i>	Goosewell	£6,220
	Billacombe	£72,690
<i>St. Thomas Rural</i>	Stoke Canon	£11,778
	Christow	£14,624
	Kenn and Kennford	£20,335
<i>Tavistock Rural</i>	Grenofen	£2,827
	Peter Tavy	£8,850
	Mary Tavy	£16,320
	Lamerton	£14,128
	Dousland and Yelverton	£24,541
<i>Tiverton Rural</i>	Sampford Peverell (a)	£900
		(b) £25,525
	Willand (a)	£1,285
		(b) £20,480
	Bampton	£3,350
	Halberton	£24,185
<i>Torrington Rural</i>	Shebbear	£8,100

MILK AND DAIRIES REGULATIONS, 1949.
Milk (Special Designation) (Pasteurized and Sterilized Milk)
Regulations, 1949.

The Ministry of Agriculture and Fisheries assumed control over the production of all grades of raw milk on the 1st October 1949.

The County Council became responsible for the licensing of all Pasteurising Plants in the County on the 1st January 1950 and a considerable amount of work has been done since that date in advising Dairymen who were contemplating the installation of the necessary equipment for the pasteurisation of milk. At the end of 1950 fourteen licences were in force. All licensed premises were regularly inspected by the County Sanitary Officers and samples of milk were submitted for Laboratory examination at very frequent intervals.

Additional checks on the quality of the processed milk were afforded by the routine sampling of all milk delivered to Schools in the County, as a very large proportion of this milk is pasteurised before delivery.

All pasteurising premises were maintained in a satisfactory condition and the number of milk samples which failed to pass the Phosphatase Test, thirteen, can be considered as reasonably satisfactory having regard to the total number of samples submitted.

Visits of Inspection to Pasteurising Plants	225
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Number of samples submitted :—

<i>Examination</i>	<i>Total</i>	<i>Passed</i>	<i>Failed</i>	<i>Percentage Failed</i>
Phosphatase Test	487	474	13	.02
Methylene Blue Test	487	481	6	.01
Washings of bottles submitted for bacteriological examination	41	38	3	.07

Visits to Schools and Farms in connection with school milk supplies	975
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Milk in Schools Scheme.

During the year the herds of producers supplying milk under this scheme have been examined quarterly and samples of milk submitted from any suspicious cows.

899 samples of milk from these producers have been taken for cleanliness, and of these 210 have failed to reach the required standard—this number also includes repeat failed samples.

Biological Sampling of Milk for the Presence of Tuberculosis.

638 samples were submitted to the Laboratory for examination in order to detect the presence of Tuberculosis ; 5 samples showed the presence of tuberculous organisms. Immediate action to trace the cow or cows responsible was taken by the Divisional Veterinary Officer of the Animal Health Section, Ministry of Agriculture and Fisheries.

The Divisional Veterinary Officer's return to me shows that 57,965 cattle in ordinary herds were inspected during the period ended 31st December, 1950. Examination of the milk from abnormal udders has shown that 23 out of the total number of animals examined were giving tuberculous milk. The cows giving tuberculous milk have been slaughtered under the Tuberculosis Order, while steps have been taken to prevent the milk from other cows, returned as unfit, from reaching the public.

INSPECTION AND SUPERVISION OF FOOD.

(i) **Food and Drugs Act, 1938.**

The County Sanitary Officer submits the following Report for 1950 :—

During the year 2,504 formal and informal samples were taken by the Department's seven Sampling Officers under the Food and Drugs Act, 1938. 496 of these were formal milk samples and 635 were of a variety of commodities other than milk, such as sausages, spirits, jelly, vinegar, confectionery, custard powder, honey, etc., in short anything on sale to the public to which the Act applies. All these samples were submitted to the Public Analyst.

The remaining 1,373 samples were milks submitted to the Gerber Test in the special milk-testing Laboratory conducted by this Department. 132 of them were found to be deficient in either non-fatty milk solids or butter fat and, being formal samples, they were sent to the Public Analyst, and are included in the 496 milk samples mentioned above.

Of the 1,131 samples reported on by the Public Analyst 123 were declared to be either adulterated or giving rise to other irregularity ; this represents 10.87% of the total.

There were five prosecutions for the adulteration of milk and warnings were given in 21 other cases ; in addition there were four prosecutions in respect of sausages and two for alleged watering of gin. Fuller details of these cases are set out hereunder :—

<i>Article.</i>		<i>No. of Prosecutions</i>	<i>Amount of Fines and Costs.</i>
MILK	....	1	Was 6% deficient in fat. Fined £2 and 2 guineas costs.
MILK	....	1	Was 10% deficient in fat. Fined £50 and 4 guineas costs.
MILK	....	1	One sample contained 9% added water and was 13% deficient in fat. One sample was 8% deficient in fat. One sample contained 14% added water. One sample contained 23% added water. Fined £5 on each of four charges, and 8 guineas costs.
MILK	....	1	Contained 7% added water. Fined £4 and 1 guinea costs.
MILK	....	1	Contained 0.01% Caramel. Case dismissed.
BEEF SAUSAGES	....	1	Was 28% deficient in meat. Fined £7 and 1 guinea costs.
BEEF SAUSAGES	....	1	Was 16% deficient in meat. Fined £1 and 1 guinea costs.
PORK SAUSAGES	....	1	Was 22% deficient in meat. Fined £5 and 1 guinea costs.
PORK SAUSAGES	....	1	Was 16% deficient in meat. Case dismissed under the Probation of Offenders Act on payment of 1 guinea costs.
GIN	....	1	Was 5% deficient of the declared proportion of 70% proof spirit (30 degrees under proof). Case dismissed on payment of 15 guineas costs to Vendor.
GIN	....	1	Was 24% deficient of the declared proportion of 70% proof spirit (30 degrees under proof). Case dismissed.

(ii) Food and Drugs Act, 1938. Part II (Milk and Dairies Regulations).

677 samples of milk were taken from farms for biological examination to detect the presence of tubercle infection ; 5 samples were reported on as being so infected. The Ministry of Agriculture and Fisheries investigated every one of the positive results and after taking appropriate action under the Tuberculosis Order 1938 they issued certificates that the herds were then free from infection.

(iii) The Milk (Special Designation) (Pasteurised and Sterilised Milk) Regulations, 1949.

On the 1st October 1949 the licensing of "Tuberculin Tested" and "Accredited" milk was transferred by Statute to the Ministry of Agriculture. From that date the licensing and control of "Pasteurized" milk in the County was transferred to this Department. At the end of the year 14 establishments had been licensed, and weekly samples were submitted from each.

(iv) Milk-in-Schools Scheme.

The quality of the milk supplied to schools in the County is supervised and routine samples are taken. Particular regard is paid to the submission of milk for biological examination and the figures of these samples are included in the 677 samples mentioned above.

CLEAN FOOD CAMPAIGN.

All Local Authorities throughout the County have adopted the model by-laws and a Technical Sub-Committee has been established which has made suggestions to all Local Authorities as to the necessary steps to be taken under this Campaign. The Medical Officers of Health for the areas concerned have already initiated a series of lectures to the food traders and to the public, in conjunction with visits of inspection by the staff of the Public Health Department.

SCHOOLS SPRAYING.

In conjunction with the County Education Department all school and domestic science kitchens are sprayed with a D.D.T. preparation, "Vermicide," twice a year, i.e. during Easter and Summer vacations. This is done to fly-proof these food-handling establishments. The scheme has been in force now some four years and has proved very successful. There is no doubt that its value as a means of preventing the spread of disease by flies is very high. The reports as to the marked decrease in fly population are most encouraging.

GENERAL DUTIES.

The County Sanitary Officers have maintained the closest possible liaison with the Sanitary Inspectors, Surveyors and Engineers of the various County District Councils. This co-operation has been exceedingly valuable and has covered work in connection with Food and Drugs, the Pasteurisation of Milk, Water Supply and Sewage Disposal Schemes, the Prevention of River Pollution, and the Clean Food Campaign.



TABLE VI.

TABLE VI.
CAUSES OF DEATH IN EACH DISTRICT DURING THE YEAR, 1950.

TABLE VII.
**CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE IN THE ADMINISTRATIVE
COUNTY OF DEVON, 1950.**

CAUSES OF DEATH.	SEX	AGGREGATE OF URBAN DISTRICTS.									AGGREGATE OF RURAL DISTRICTS.								
		All Ages	0—	1—	5—	15—	25—	45—	65—	75—	All Ages	0—	1—	5—	15—	25—	45—	65—	75—
ALL CAUSES	M. F.	1942 2181	55 42	13 14	10 8	16 64	93 346	419 547	529 1142	807 1649	1575 40	68 12	9 6	29 11	96 15	342 64	410 290	683 381	768 1
1 Tuberculosis— Respiratory	M. F.	51 27	— 1	— —	— 1	4 5	20 8	21 8	3 4	3 —	38 26	— —	— 1	— 1	15 11	15 4	6 4	1 1	
2 Tuberculosis— Other	M. F.	4 5	— —	— —	— 1	— 2	— —	— 1	— —	— 2	6 8	— —	2 2	— —	2 1	2 3	— 2	— —	
3 Syphilitic Disease ..	M. F.	7 2	— —	— —	— —	— —	1 —	4 —	2 1	— 1	7 1	— —	— —	— —	— 1	5 1	— —	1 —	
4 Diphtheria	M. F.	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	
5 Whooping Cough ..	M. F.	— 2	— 2	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	
6 Meningococcal Infections ..	M. F.	1 —	— —	— —	— —	— —	— —	1 —	— —	— —	1 —	— —	— —	1 —	— —	— —	— —	— —	— —
7 Acute Poliomyelitis ..	M. F.	10 7	3 1	1 —	— 1	3 1	3 4	— —	— —	— —	9 5	1 —	1 —	1 3	3 2	2 —	1 —	— —	— —
8 Measles	M. F.	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	
9 Other Infective and Parasitic Diseases ..	M. F.	7 5	— —	1 —	— —	— —	— —	1 5	2 2	— 1	6 5	1 —	— —	— —	1 1	1 1	1 2	1 2	1 2
10 Malignant Neoplasm, Stomach	M. F.	58 58	— —	— —	— —	— —	1 —	15 13	22 16	20 29	52 38	— —	— —	— —	4 —	17 8	16 16	15 14	15 14
11 Malignant Neoplasm, Lung, Bronchus ..	M. F.	58 13	— —	— —	— —	1 —	2 1	35 3	16 1	4 8	35 8	— —	— —	— —	— —	20 3	9 2	6 3	6 3
12 Malignant Neoplasm, Breast ..	M. F.	1 58	— —	— —	— —	— —	— 4	1 18	20 —	16 —	49 —	— —	— —	— —	— 4	21 —	12 —	12 —	12 —
13 Malignant Neoplasm, Uterus ..	M. F.	— 38	— —	— —	— —	— —	2 —	21 —	9 —	6 —	25 —	— —	— —	— —	— 1	10 —	8 —	6 —	6 —
14 Other Malignant and Lymphatic Neoplasms ..	M. F.	175 185	— —	— —	— —	— —	9 8	44 51	63 56	59 70	171 127	— —	— 1	1 1	8 6	40 41	51 37	70 42	70 42
15 Leukaemia, Aleukæmia ..	M. F.	11 7	— —	— 1	2 —	1 —	1 —	4 1	3 4	— 1	3 6	— —	— 1	— 1	2 3	1 1	1 —	1 —	1 —
16 Diabetes	M. F.	12 13	— —	— —	— —	— —	1 —	1 5	3 5	7 3	5 15	— —	— 1	— 1	2 1	1 3	1 5	2 5	2 5
17 Vascular Lesions of Nervous System ..	M. F.	221 378	— —	— —	— —	1 —	1 5	34 51	71 102	114 220	178 276	— —	— —	— —	4 3	27 44	55 67	92 162	92 162
18 Coronary Disease, Angina	M. F.	277 200	— —	— —	— —	— —	2 —	80 24	99 76	96 100	194 105	— —	— —	— —	1 —	3 —	60 21	67 44	63 40
19 Hypertension with Heart Disease	M. F.	44 55	— —	— —	— —	— —	— 8	7 8	22 14	15 33	42 47	— —	— —	— —	— 1	8 7	13 17	20 23	20 23
20 Other Heart Disease ..	M. F.	384 566	— —	1 —	— —	— 2	6 3	42 48	79 115	256 398	289 382	— —	— 1	— 1	2 1	2 9	25 39	76 26	184 257
21 Other Circulatory Disease ..	M. F.	67 91	— —	— —	— —	— 2	7 10	24 23	36 56	69 60	— —	— —	— —	— 1	3 14	8 14	22 16	36 29	36 29
22 Influenza	M. F.	14 16	— —	1 —	— —	— —	2 4	5 5	6 7	17 6	— —	— —	— —	— —	1 —	7 2	2 1	7 3	7 3
23 Pneumonia ..	M. F.	61 62	6 5	— 4	— 2	1 —	— 1	12 7	14 16	28 27	53 46	5 3	3 2	3 1	1 —	— 2	7 7	7 6	27 25
24 Bronchitis	M. F.	83 63	— 1	— 2	— —	— —	2 3	21 18	33 39	59 52	1 2	— —	— —	— —	— 3	10 1	11 12	37 34	37 34
25 Other Diseases of Respiratory System ..	M. F.	25 7	— —	— —	1 —	— —	4 —	9 2	5 5	6 10	— —	1 —	— 1	— —	2 3	5 3	7 2	1 4	1 4
26 Ulcer of Stomach and Duodenum ..	M. F.	23 8	— —	— —	— —	— 1	1 2	8 4	6 8	15 8	— —	— —	— —	— —	2 1	5 1	8 4	8 3	8 3
27 Gastritis, Enteritis and Diarrhoea ..	M. F.	11 7	1 —	1 —	2 —	1 —	3 1	3 1	2 1	1 8	10 —	1 —	— —	— —	1 1	3 3	2 1	3 3	3 3
28 Nephritis and Nephrosis ..	M. F.	34 28	1 —	— —	— —	1 —	3 7	8 6	12 14	28 30	— —	— 1	— 1	— 1	1 2	5 10	7 8	7 9	7 9
29 Hyperplasia of Prostate ..	M.	56	— —	— —	— —	— —	— —	3	12	41	54	— —	— —	— —	— —	5	15	34	34
30 Pregnancy, Child Birth, Abortion ..	F.	4	— —	— —	— —	1	3	— —	— —	6	— —	— —	— —	— —	6	— —	— —	— —	— —
31 Congenital Malforma-tions ..	M. F.	13 11	9 6	— 3	1 —	— 1	2 —	1 —	1 —	— —	11 7	9 5	— —	— 1	— 1	2 —	— —	— —	— —
32 Other Defined and Ill- Defined Diseases ..	M. F.	167 216	32 25	2 2	1 3	2 3	13 17	29 49	34 38	54 79	186 176	49 29	2 —	1 1	4 4	12 6	32 32	20 34	66 70
33 Motor Vehicle Accidents	M. F.	15 3	— —	— —	2 1	2 2	— —	8 7	3 7	8 20	41 27	1 1	2 1	1 —	8 1	12 1	6 2	8 19	8 19
34 All Other Accidents ..	M. F.	34 32	2 1	6 1	— —	— —	8 1	7 2	3 7	8 20	— —	— 1	— 1	— —	1 2	— —	6 2	7 3	8 19
35 Suicide ..	M. F.	19 14	— —	— —	— —	— —	6 2	8 5	2 5	1 2	31 8	— —	— —	— —	1 —	6 2	17 3	7 2	7 1
36 Homicide and Opera-tions of War ..	M. F.	1	— —	— —	— —	— —	1	— —	— —	— —	2 1	— —	— —	— —	1 —	— —	— —	— —	1 —

